

# THE MEDICAL NEWS.

A WEEKLY JOURNAL OF MEDICAL SCIENCE.

VOL. XLIII.

SATURDAY, SEPTEMBER 15, 1883.

NO. 11.

## ORIGINAL LECTURES.

### SOME DISEASES OF THE FEMALE ORGANS OF GENERATION, CHARACTERIZED BY NEW GROWTHS.

*A Clinical Lecture, delivered at the Long Island College Hospital, Brooklyn, N. Y.*

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(Reported by EDWARD DEVELIN, M.D.)

(Concluded from p. 256.)

#### HYDRO-SALPINGITIS: DROPSY OF THE FALLOPIAN TUBE.

GENTLEMEN: This specimen which I here show you is the uterus and ovaries of a woman who has borne children, and has had a severe pelvic inflammation. I desire to call your attention to the inflammatory exudation upon the peritoneum, with which the uterus and ovaries are covered, and which so well illustrates the exudation or product of pelvic peritonitis of which I have so often spoken. You will observe that it is a plastic exudation thrown out over and around the uterus both in front and behind. At one point below, however, I can show you a small portion of normal membrane. These shreds which I now hold up on the tenaculum are this plastic material which has become organized. On searching for the ovaries, I find something which might be them, but it does not feel like them, because it is so covered with this exudation. I now find one of the ovaries, which is decidedly diseased, and which looks like a commencing cystic degeneration of this body: you will observe that it is somewhat irregular in shape, it being also modified by this exudation. Now, in my didactic lectures, I have endeavored to convey to you the idea how this exudation produces pressure upon the ovaries, which is here well illustrated. This pressure gives rise to what is often termed ovarian neuralgia.

On turning the uterus over, we now come to the most interesting point of this specimen. Now, passing from the fundus uteri, I find one of the Fallopian tubes immensely distended, becoming more so as we pass up towards the fimbriated extremity—in fact, it is so much distended that it appears like an ovarian cyst. I find it exceedingly difficult to trace this Fallopian tube at its lower extremity, owing to this extensive inflammatory exudation. This condition which we have here, as represented in this Fallopian tube, is that known as hydro-salpingitis, or dropsy of the Fallopian tubes. I believe it to be in this instance the result of a preëxisting salpingitis, some inflammatory process causing a dropsical effusion upon the mucous surface of the tube, filling up and distending the tube, as shown in this specimen.

I had the opportunity of seeing a case of this kind with Dr. Cushing, who had made the diagnosis ovarian dropsy. He aspirated the mass, and found a clear-looking fluid. The question then arose, Had he aspirated a small ovarian cyst or a dropsical tube? The doctor was fortunate enough to be able to verify the correctness of his diagnosis by what you can sometimes do; and that is, he introduced a small probe into the uterus, and succeeded in passing it into the

Fallopian tube, whence, by dexterous and gentle manipulation, the probe could be felt through the vagina within the tube. I have also been called in consultation in some cases where this same condition of things has existed, there being a fluctuating tumor discovered in the cul-de-sac of Douglas which has suddenly disappeared upon a gush of this clear fluid passing from the uterus. In one case, this condition existed for two or three years, and about once in three days this fluid would pass from the vagina. We were perfectly certain the fluid came from the uterus, for, on making pressure upon the tumor, it caused it to escape from the uterus, as we could distinctly see. In that case, I tried again and again to pass the probe into the Fallopian tube, but could not succeed, as the distention of the tube occurred at some distance from its entrance to the uterus.

Dr. Cushing aspirated in his case several times, but failed to effect a cure by this means; he finally opened the vaginal wall, incised the tube, and evacuated its contents, and then injected the cavity with iodine, by this means effecting a cure. The wound healed kindly, and the patient was kept under observation for a long time, but there was no tendency to a return of the difficulty.

When all ordinary means fail, and the patient suffers so that her usefulness is markedly impaired, the tube should be removed. Lawson Tait is the great authority on this operation, which is performed in about the same way as ovariectomy.

#### ATROPHY OF THE OVARIES.

The specimen which I here present to you—the vagina, uterus, and ovaries—illustrates a point which I think well worthy of consideration. You will notice that the ovaries have become atrophied, being about one-third of their normal size; they look like the ovaries of a very old person, and the only reason I have for believing them not to be those from a person of advanced age is that I find the uterus to be almost normal in size, and I am now informed that the woman from whom these were taken was only thirty years of age. This is a splendid illustration of early or premature atrophy of the ovaries. But with this statement comes the question, Did she not have an arrest of development of the ovaries? No; I know she performed at one time all the functions of a perfectly healthy woman, and whose ovaries are normal; I know that she at one time menstruated naturally, this function gradually becoming less, and finally ceasing altogether. The mammary glands were fully developed, as was also the pelvis, and I am informed that the voice was natural.

We have here, then, in this specimen, an atrophy of the ovaries which would be normal if it occurred in a woman at about fifty or sixty years of age, but in this case it is abnormal, occurring at so early an age. You will here observe, on inspecting the ovaries, that there are small scars, indicating that the woman had ovulated again and again, and until the ovaries took on this process of degeneration. Why this degeneration should have occurred I have no means of knowing; it may have been caused by some derangement of nutrition.

I show this specimen to you, however, simply because I know it to be atrophy of the ovaries occurring in a woman only thirty years of age. It also illustrates

another point, now a well-established fact, namely, the influence of the ovaries over menstruation; the uterus, you can all observe, was large enough to perform the function of menstruation, but being deprived of the stimulating influence of the ovaries, menstruation at once ceased to exist. This is an exceedingly interesting and rare specimen, from which a lesson of great importance is to be learned.

#### EPITHELIOMA OF UTERUS.

This patient is fifty-three years of age, is married, and has borne several children. She passed the menopause several years ago, but about one year ago she began to suffer from a discharge from the uterus, at first serous and slightly pinkish in character, which gradually became more sanguinolent; and for the past month or two she has had almost a constant bloody discharge from the vagina, which has been of a somewhat offensive odor. She has also had several attacks of hemorrhage, which have been quite marked. Through all of this, her health has been fairly good, as it always has been, and she has suffered but very little pain. She has been seen by a physician, who discovered the nature of her disease, and sent her to us for treatment.

On making digital examination, I discover that the vagina is not more than two and a half inches long, and I find at its termination an irregular mass which almost fills the middle portion of the pelvis. In the centre of this mass I find an opening, through which I can with some difficulty pass my finger, and beyond that I find quite a little cavity, the walls of which appear to be of the same irregular character, the external or vaginal surface of this mass being quite irregular and slightly soft to the touch, but the structures below its immediate surface are quite dense, the diseased mass itself being immovable under any ordinary pressure.

We have here, then, the physical signs, as obtained by the touch, of epithelioma far advanced. On placing the patient in Sim's position, and elevating the perineum, I find this mass is exceedingly vascular, so much so that touching it lightly produces hemorrhage; in other words, it has all the appearances of this form of malignant disease. So marked are the physical signs in this case that the diagnosis is absolutely certain.

The question of treatment now presents itself to our consideration, and that involves two important questions—First, what is the general condition of the patient? Is it such that she would bear an important surgical operation? This can be answered in the affirmative: her general health is good; she is not yet suffering from the marked cachexia which we see in the advanced stages of malignant disease. So far, then, her condition is favorable to an operation. The next question is, Can we remove this diseased mass with any advantage to the patient? This is a question that, I am sorry to say, must be answered in the negative. Operations in cases of epithelioma can only result in benefit to the patient as a rule when you can remove the entire diseased mass, when you can go beyond it, so that your line of incision will pass through normal tissue. If this can be done, then there are hopes that you will retard the progress of the disease, and, in a certain sense, cure the patient for the time being. The disease may return, but still you prolong the life of the patient, relieve her suffering, and give her comfort. When that is not possible, then the best that you can do is to remove portions of the diseased mass, the benefits to be derived from this being really *nil*. In fact, I am inclined to believe that, in place of arresting the progress of the disease, the probabilities are that you will stimulate it to more

rapid progress. There is only one good reason why we are sometimes led to operate in these far advanced cases, and that is when the hemorrhages are repeated and extensive. We can then, by means of the galvano-cautery, remove as much as possible of the diseased tissue, and cauterize that which remains, and so, by lessening the mass of diseased tissue, lessen the liability to hemorrhage for a time; or we may take the curette, and remove all that we possibly can, and then cauterize the base of the diseased mass, and in that way accomplish the same object.

In this case, the hemorrhage has not been excessive, although rather continuous, and I think that we will act the wiser part by avoiding all operative interference. We can, however, control the hemorrhage, and by using the tampon relieve the patient from the inconvenience of this offensive and somewhat irritating discharge. A favorite method of mine in the management of such cases is to employ the tampon of marine lint, allowing it to remain for forty-eight hours or longer before changing it. The effect of this is to produce a little gentle pressure upon the bleeding surfaces, and thus check the tendency to hemorrhage; at the same time, the marine lint absorbs the serous discharge, disinfecting the parts, and so keeps the patient free from the constant discharge, which is at least a great comfort. Beyond this I know of very little that we can do for her, except to give opium if she has pain, and keep the bowels regular, for if she be permitted to become constipated, movement of the bowels will cause great distress. In short, we can only palliate, not cure, in these cases. You will remember how frequently I have cautioned you against the use of opium in painful uterine disease, because of the great tendency to establish the opium habit; but in a case like this, which must sooner or later terminate fatally, it is then right and our duty to relieve the sufferer by the use of opium in quantities sufficient to control the pain.

#### FUNGIOUS GROWTH IN THE UTERUS.

I now call your attention to this specimen of fungous growth which I have just removed from a private patient of Dr. Rand's; it illustrates these growths, which we so often find, and is simply a mass of fungosity, well named. The patient is sixty years of age, and this is the second time I have operated upon her. About five or six months ago, I removed a mass similar to this, which relieved her of the hemorrhage from which she was then suffering. The hemorrhage again returning, Dr. Rand brought her to me, and I operated in the same manner as before. As a rule, these fungosities are benign, are easily removed, and they do not usually return. The line of demarcation between this growth and that of an epithelioma is not easily determined either by the clinical history or the gross appearance of the fungosities; but where it occurs in advanced life, I am always suspicious. Dr. Thallon examined the previous specimen that I removed, and pronounced it epithelioma, and the fact that it has returned so soon favors that diagnosis. While I have seen a hundred or more cases of epithelioma of the cervix, I have only seen five cases where it occurred in the body of the uterus: one of these is recorded by Dr. Thomas in his work, the case coming under my observation at the time. Since that time I have seen four others.

The age of this patient, and the fact that this growth has so soon recurred, makes me suspicious that she is going to develop or has developed an epithelioma. It, however, makes but little difference, so far as the management is concerned; it is good treatment to arrest the hemorrhage by removing the morbid growths with the curette, whether they be benign or malignant.

## ENDOMETRITIS POLYPOSA.

This lady now before you is fifty-three years of age, has been married twenty-eight years, but has never borne children. Two and a half years ago, she was operated on for what was diagnosed endometritis polyposa. She passed the menopause ten years since. She now tells us that she has pain in the back, pain in the left inguinal region, and slight leucorrhœa, which is somewhat sanguineous at times.

Upon examination, I find the uterus in the normal position, as near as I can make it out; but I find it runs off a little on one side as if there was a little fullness above the vaginal junction on the left, as if we might have a little interstitial or subperitoneal fibroid. This uterus I find to be over three inches in its long diameter; so we have here an enlargement of the uterus which is not symmetrical. It is a question whether this increase in size is due to a small fibroid; it is rational to suppose it is; and I might here state that these growths are more apt to occur in sterile women. Even if we have a fibroid there, it would be latent, as they generally subside at the menopause, and waste away with the final involution of the uterus, so that I hardly think the cause of her pain and bleeding is due to that. I would rather be inclined to think that it is a recurrence of this fungosity of the mucous membrane of the organ.

Dr. Stuart informs me that passing the sound causes hemorrhage, which is arterial, so that in all probability it comes from this fungous condition. Now I would venture an opinion that we have a recurrence of this growth which we removed two years ago, and which was at that time supposed to be benign. At this age, it is very probably a commencing epithelioma of the mucous membrane of the body of the uterus. We may, however, remove it by the use of the curette, and examine it microscopically, and see if the structure of the growth agrees with the clinical history. When we have a uterine hemorrhage in a patient fifty-three years of age, it strongly indicates malignant disease; but epithelioma of the mucous membrane of the body of the uterus is rare, and we should obtain all possible evidence before positively making a diagnosis.

## POLYPOIDS OF THE UTERUS.

This patient is thirty-nine years of age, has had four children and two miscarriages. For twelve years she has been suffering from menorrhagia. Five years ago she was operated on for this difficulty, but within the past three months it has returned. She had at that time a "vascular tumor" of the urethra removed. The question for us to settle is, why she has menorrhagia. This we will endeavor to do by an examination. I find that she still has the remains of that caruncle of the meatus urinarius, and I have no doubt that has something to do with the pain and tenderness which she complains of. The uterus is slightly larger than normal, and by passing the curette I find that the walls of the uterus are covered with a polypoid material. You noticed that I passed the curette and removed some of this substance, which shows that the hemorrhage is due to these polypoid growths. These we will carefully remove with the curette, and in that way arrest the menorrhagia.

## EPITHELIOMA OF THE VULVA.

This case is one of epithelioma of the vulva, upon which I operated some weeks since, and I now bring her before you to show the result of the operation. You will remember that I removed the growth with the cautery at that time.

The patient states that she is feeling well, and you

will notice that the wound has almost cicatrized. There is, however, one spot which is not completely healed over, and I am rather suspicious of that point. I am rather inclined to think that there is yet a trace of her old difficulty remaining upon that side. We will, however, await further developments.

## LABIAL CYST AND STENOSIS OF THE INTERNAL OS.

This next patient whom I present to you is a married lady aged thirty-eight years, has menstruated perfectly regular, but there seems to be some trouble with the labia on the left side. On examination I find here a labial cyst; Dr. Cushing informs me that he punctured this cyst some time ago, and secured that clear gelatinous fluid from it which is so characteristic of these cysts. These, however, always recur if you only puncture them; in this case it was punctured simply to confirm the diagnosis. When this cyst becomes a little more distended, so that the mucous membrane will be a little less vascular, the Doctor will make a free incision and evacuate its contents, and thoroughly cauterize the cyst-walls with carbolic acid and iodine, sponging it out thoroughly and introducing a pledget of lint saturated with the acid and iodine, until it sets up a suppuration; then, removing it, the suppuration will entirely destroy the secreting membrane. That will be the end of it.

This patient had also another difficulty which Dr. Cushing found on examination. He found she had a true stenosis of the internal os. Now normally the internal os is smaller than the canal elsewhere, but this was abnormally constricted. This is an exceedingly rare condition; it is often spoken of, but seldom met with. When you have a flexion of the body of the uterus, you have an apparent stenosis of the internal os, but if you straighten the uterus itself, you will find the canal is as large throughout as it should be. We do, however, find true stenosis. That such a thing does occur I have demonstrated, not by the use of the sound alone, but by the sea-tangle tent; the normal tissues giving way readily as the tent expands, but at the internal os the resistance was such that the tent, when removed, was found with a line around it, indicating plainly the constriction at the internal os. This was the case here, and Dr. Cushing adopted one of the most reliable means of treatment, which is by gradual dilatation by repeatedly passing the sound. Dr. Cushing here tells me that I am slightly in error upon that point, however, as instead of this means he used forcible dilatation with the small uterine dilator. That is a method which answers admirably also, and as proved in this case; for this lady has now passed two weeks over her regular menstrual period, so that I have no doubt her sterility was due to this stenosis of the internal os. I am satisfied that she is pregnant, for I know of no reason why one who is in such perfect health as this patient should have passed over her regular menstrual period, unless the cause was gestation.

Now in regard to this forcible dilatation I may be misunderstood, and some of you may think I am opposed to this forcible dilatation of the uterine canal from what I have said on other occasions; but I am not. On the contrary, I know it is a safe and reliable method of treatment if carefully performed and not carried too far. It is a very satisfactory way of treating this difficulty. It is a method I adopt very frequently, especially with the external os, and no harm comes from it. But if you carry one of these jack-screws up to the fundus uteri and then forcibly dilate the canal until it is an inch in diameter, you may do harm; this is doubtful treatment, and should be avoided unless you feel disposed to take the consequences, and your patient is similarly inclined.



## VASCULAR TUMOR OF THE MEATUS.

(History furnished by Dr. Stuart.) This young girl, seventeen years of age, came to the hospital last Thursday, stating that she was suffering from disease of the sexual organs, and which first made its appearance when she was eleven years of age. This to me was rather a formidable and frank statement for one of her age to make. Upon investigation, however, I found between the labia a flat, bright-red mass not very thick, not much thicker than my finger-nail, very tender and bleeding upon the slightest manipulation. The examination was difficult, owing to the exquisite tenderness, but the growth appears to arise from the meatus urinarius; had been developed slowly, and during its growth it had been subject to the pressure of the labia, which gave it this flat, thin shape; had it not been owing to this pressure it would probably have developed into a circular mass about the size of a pea. She has some pain from urination but not very much; she commenced menstruation when fifteen years of age, this function being perfectly normal.

You see here how perfect this growth is, this is one of the most typical cases I have ever seen of a vascular tumor of the meatus, the caruncle of our books. Here you see I can lift it up, it is of an extremely bright red, contrasting very strongly with the rest of the normal membrane surrounding it.

There are two or three ways of operating in these growths. I will, however, simply seize it with the ordinary forceps, and then draw it forward and make traction upon the peduncle. As I do this, you notice how extremely friable and vascular this growth is, and even with the most delicate manipulation it bleeds profusely; we will now apply the actual cautery to the base of the peduncle; but, even in spite of this, you notice that I cannot entirely control the hemorrhage and am therefore compelled to ligate it just above the point where I used the cautery. The difficulty in removing these growths is this: the moment you seize them they break off, being so friable, and if I am careless in using the cautery, I shall do a great deal of damage, as I shall make scar-tissue around the meatus which in time would cause stricture, and in two years hence she would be worse than she is now; this is why I used the ligature in place of applying the cautery more extensively: I was unable to bring down enough of the normal mucous membrane to make a pedicle, which could be properly divided with the cautery. It is not sufficient to control bleeding to simply touch the surface with the cautery; the blood-pressure will throw out the little coagula which you form with your lightly applied cautery; but when the mucous membrane gives you a pedicle which you can thoroughly cauterize, then it will arrest the hemorrhage, and that is the end of it. When you cannot do that, as in this case, then you will need to apply the ligature; the advantage of the cautery is that it is not very painful, whereas the ligature is quite so. With the cautery, you completely destroy the tissues so that they can no longer ache; but with the ligature, until the tissue dies from pressure, it is extremely painful. This same treatment is employed in hemorrhoids, and we have a chance to study its effects. Now, on account of that tenderness, I am in the habit of using both—ligature and cautery together; ligating the hemorrhoids and then cauterizing them, thus destroying them absolutely.

Now, this case will have to be watched, as the growth may sprout up again; they often do. The pathology is the same as in the mucous polypi. Some little circumscribed irritation sets up a proliferation which goes on growing.

This is one form of the vascular tumors of the meatus, and the rarest of this class.

## ORIGINAL ARTICLES.

## REMARKS ON THE IMPORTANCE OF HAVING TRAINED NURSES FOR THE SMALLER TOWNS AND RURAL DISTRICTS, AND THE PROPER METHOD OF SECURING THEM.

By S. D. GROSS, M.D., LL.D., D.C.L.

*"Homo sum; humani nihil a me alienum puto."*

HAVING long entertained the conviction that good nursing was an indispensable aid to the successful treatment of diseases and injuries, and conscious how little interest the profession and the public felt on the subject, I considered it my duty during a visit I made to Europe, in 1868, to make myself fully acquainted with its various and multifarious requirements. For this purpose, I examined many of the prominent hospitals and training-schools for nurses, and, after my return, embodied the results of my observations and reflections in a report which, the following year, as chairman of a committee appointed at my instance the previous year, was submitted to the American Medical Association at its meeting at New Orleans. The report was accompanied by a resolution, making it incumbent upon the president and secretary of the Association to transmit a copy of it to every State and territorial medical society in the Union, with a view of enlisting their coöperation in the establishment of schools for the training of nurses for hospitals and private families, in accordance with the principles therein advocated.

In order to impart thorough scope and efficiency to this scheme, I suggested that district schools should be formed, and placed under the guardianship of the county medical society, the members of which should make it their business to deliver, at such time and place as might be most convenient, instruction in the art and science of nursing, including the elements of hygiene, and every other species of information necessary to qualify the student for the important, onerous, and responsible duties of the sick-room.

The report bore good fruit; it served to arouse attention to the subject on the part both of the profession and the public, and soon led to the formation of training-schools for nurses in some of our larger cities, and, among others, to the admirable ones at New Haven and on Blackwell's Island, New York; but it failed of its object in the rural districts, where trained nurses are just as much a necessity as anywhere else. In order to recall attention to a matter which every intelligent person must regard as one of vital importance, I offered the following preamble and resolution to the consideration of the Medical Society of the State of Pennsylvania at its meeting at Norristown last May, and to the American Medical Association at its meeting at Cleveland in June:

*"Whereas, Good nursing is of paramount importance to the comfort of the sick and the restoration of their health, and*

*"Whereas, The subject is one which strongly ad-*



dresses itself to the common sense and kindly sympathy of every intelligent member of society; therefore,

"Resolved, That this Association, fully recognizing the importance of the subject, respectfully recommends the establishment, at every county town in our States and Territories, of schools or societies for the efficient training of nurses, male and female, by lectures and practical instruction, to be given by competent medical men, members, if possible, of county medical societies, either gratuitously, or at such reasonable rates as shall not debar the poor from availing themselves of their benefit."

This resolution, it will be perceived, embodies all the essential features comprised in the one offered at the meeting of the Association in 1869, and I now recur to it with the view of making some practical comments upon it which the medical press of the country has failed to do. Until the present arrangement, by which the Association has a journal of its own, went into effect a few weeks ago, many a valuable paper in its *Transactions* never saw the light of day.

In the first place, I desire to bear testimony to the fact that nursing is not only an extremely useful, but a highly honorable pursuit worthy of the ambition of any respectable person, whether man or woman. Trained nursing is rapidly assuming the form of a dignified profession. It is no longer a menial occupation, but an art and a science. A well-educated nurse must necessarily be a person of refinement and of more or less culture. Such a nurse commands high wages, or, to put it in a more proper way, high fees, is much sought after, and, like the medical attendant, is entitled to the respect and confidence of the family in which he or she renders the service. A nurse often becomes the life-long friend of a patient, and cases have repeatedly occurred in which large legacies have been left for important services rendered in severe and protracted sickness. These remarks are more especially applicable to female nurses, who everywhere constitute the great majority of this class of persons, and in the succeeding discussion I shall, in order to avoid useless repetition, confine myself to that sex.

The chief qualities of a nurse are perfect health, refinement, neatness of person, correct habits, kindness of heart, patience, power of endurance, a good temper, a discreet tongue, good judgment, and alertness of mind. Such a combination of qualities is rare, but where it is present, and has been improved by a rigid course of training, it fulfils the very highest requirements of the sick room. Endowed with such an array of gifts, a nurse is capable of doing an amount of good in combating disease in a degree hardly inferior to that of the medical attendant himself. She diffuses light and courage and sympathy in all her acts and movements, and thus robs disease of half its fears and pangs. An indifferent, poor, or untrained nurse, on the other hand, is too often a source of positive mischief; her want of knowledge is incessantly at fault; she worries and frets not only the

patient, but every one around her; everything is out of joint; and, instead of being a blessing, she is too frequently only a nuisance. "For the want of timely care," says Armstrong, the poet-doctor, "millions have died of medicable wounds;" and millions, I am sure, die every year from a want of proper nursing. A good nurse is the right hand of the physician. If his injunctions, in the way of medicine, food, drink, and other necessities, are not faithfully carried out during the intervals of his visits, how will it be possible for him to combat disease successfully? In many cases, the recovery of the patient is due more to good nursing than to the skill of the physician. When I come to die, let me have plenty of light and pure air in my room, and at my bedside a kind and accomplished nurse, a member, if possible, of that noble sisterhood, the Sisters of Charity, who are doing everywhere such noble work in the interest of the sick and the dying.

The requirements of the sick-room are numerous and diversified, and embrace a knowledge of everything that can conduce to the comfort and recovery of the patient. The first duty of the nurse is to carry out with unwavering fidelity and punctuality the instructions of the medical attendant: this is a sacred duty, and should on no account be departed from, unless unexpected intercurrent circumstances render it imperatively necessary. The relations between the nurse and the patient should be of the most friendly nature. She should move about the chamber, not on tiptoe, but as noiselessly as possible; wear a cheerful countenance, even in impending danger; express herself gently in a few, well-chosen words, and perform every needful duty, however menial or distasteful, with promptness and alacrity. She must not lose her temper or show feeling, even if the patient be unreasonable, fault-finding, or over-exacting, always bearing in mind that these are common effects of disease, and that she must make the best of them. She must not indulge in gossip or tattle, but know and feel that the secrets of the sick-room are sacred.

I would lay great stress upon what I regard as the æsthetics of the sick room—a word which to me has a very high significance. The dictionary defines æsthetics as the science of the beautiful—the beautiful in nature and in art. The sick man's chamber has rarely about or in it anything of the æsthetic; on the contrary, it is generally disgracefully unæsthetic; in a state of confusion worse confounded; one thing here and another there, where they have no business to be, if they be not indeed a source of positive annoyance. Nothing can be more disgusting than to see half a dozen vials and pill-boxes piled upon the table or bureau directly under the patient's eye; a plate, cup, knife, or spoon here or there; a soiled napkin on the bed, or on the washstand; a slipper out on the floor, or a chair, stand, or some other piece of furniture out of place. Such disorder cannot fail to make a disagreeable impression upon the patient, and is a disgrace alike to the nurse and to the medical attendant. Each should aim to produce the most agreeable impression upon the poor sufferer. It is bad enough to be sick, but

to be shut up, perhaps in a small, ill-ventilated room, filled with unpleasant odors and distasteful surroundings, is unbearable, and little short of a crime.

The educated nurse must have a competent knowledge, 1st, of the general principles of hygiene; 2dly, of the effects, doses, and modes of administration of the medicines in most common use; 3dly, of the nature of food and drink, and the proper methods of preparing them for the sick; 4thly, of the different poisons and their antidotes; 5thly, of local remedies, as leeching, cupping, blistering, bandaging, poultices, lotions, antiseptics, and ointments; and, 6thly, of the manner of handling the patient, of making up his bed, and of changing his body-clothes. If, superadded to this knowledge, a nurse can have some idea of the nature and treatment of the more common diseases, very well, but such knowledge is by no means indispensable. A little knowledge is here, as everywhere else, often a dangerous thing. Dr. Rush used to tell his students that no physician should be permitted to engage in practice unless he had served six months in the kitchen, so important did he consider a knowledge of the art of cooking.

To educate nurses for the rural districts and villages, all that is necessary is to establish a central office or bureau at every County Town in each State and Territory, and to place it under the charge of its medical society, which should select two or at most three of its members to give the necessary instruction. One, for example, might take charge of the various matters comprised under the head of requirements of the sick-room, including hygiene and the nature and preparation of food; another, the mode of examining the patient as to the condition of his tongue, pulse, countenance, skin, temperature, posture, and excretions; the mode of administering medicines, their doses and actions; poisons and their antidotes; while a third might busy himself with surgical, obstetrical, and gynecological appliances and dressings, including the treatment of hemorrhage.

Where no county society exists, the same object may be attained by the banding together of any two or three competent physicians in the place. Notice of the time and place of meeting should of course be given in the public prints, and also by card. A small matriculation fee should be charged, and also, where possible, a small fee for each of the instructors, to assist in defraying expenses. The teaching should be as practical as possible—essentially practical—each pupil being obliged to perform her work in the presence of her instructor, not once or twice, but again and again. Free use should be made of the blackboard. The outfit of such an establishment need not exceed fifty, seventy-five, or, at most, one hundred dollars. There should be frequent examinations, and at the final one a certificate of competency should be awarded to the successful candidates.

If the plan now suggested be faithfully carried out, as I confidently believe it may be, either as here presented, or with such modifications, changes, or alterations as circumstances may render

necessary, it cannot fail to be instrumental in saving many lives, in preventing much suffering, in inspiring hope in the sick, and in imparting confidence to the professional attendant. If this plan succeed, I shall feel that I have accomplished the greatest work of my life.

To aid the pupil in her efforts at acquiring knowledge, she should avail herself of a proper text-book. Of this class of works I have now six lying upon my table, and, after a careful examination, give the preference, as to completeness, to the *Hand-Book of Nursing*, published under the direction of the Connecticut Training-school for Nurses. *A Manual of Nursing*, prepared for the Training-school attached to Bellevue Hospital; *Anderson's Lectures on Nursing*, and *Cullingworth's Manual of Nursing, Medical and Surgical*, are also excellent productions, worthy of a place in the library of the nurse and of the physician. Any of these books may be obtained of Blakiston, Son & Co., 1012 Walnut Street, Philadelphia, at one dollar a copy. *A Manual for Hospital Nurses* has been issued by Mr. Edward J. Domville, of London, and is now in its fourth edition; and there is a brochure, entitled *Notes on Fever Nursing*, from the pen of Dr. James W. Allan, of Glasgow, reprinted in Philadelphia. Much valuable information will be found in the *Notes on Nursing*, by Miss Florence Nightingale, published soon after her return from the war in the Crimea, where she earned so much glory by her efforts to assist the sick and wounded.

I could wish that this paper, imperfect as it is, could be widely disseminated, in order to arouse the attention of the profession everywhere to the importance of the subject of which it treats. Unless this be done, and it can be done only through the aid of the medical press of the country, it will signally fail of its purpose.

#### A HYPERTROPHIED RIGHT LOBE OF THE LIVER MISTAKEN FOR A FIBROID TUMOR OF THE OVARY.

BY JOHN L. ATLEE, M.D.,

OF LANCASTER, PA., LATE PRESIDENT OF THE AMERICAN MEDICAL ASSOCIATION.

MISS A. E., a single lady, aged about 39, who for many years has been a teacher in our public schools, consulted me four or five weeks ago, soon after the school vacation commenced, about a tumor which was developing in the lower portion of the abdomen. She had always menstruated regularly, and with the exception of slight dyspeptic symptoms had always enjoyed good health, and never missed a day from her school. Within the last three months, however, she found herself becoming more and more emaciated and had an unusual feeling of debility. Her color was good; tall and well-formed, with always a good appetite and generally regular bowels, but occasionally had some diarrhoea, and some pain like colic, for which she required an anodyne.

Upon examination I found a hard tumor occupying the centre of the hypogastric region, extending as high as the umbilicus and to the iliac regions, especially the right. It was very hard, but slightly

movable from side to side, and this movement did not influence the uterus. The brim of the pelvis on that side was occupied by the mass, although it did not descend into the pelvis. Her waist was of the normal size, with no bulging above the umbilicus. She was sensible that it was increasing rapidly, and wanted relief. I diagnosed a fibroid tumor of the right ovary, and if she wanted to be relieved I would operate.

After the usual preliminary measures had been carried out, and the exhibition of the anæsthetic, I commenced the operation at eleven o'clock A. M., August 22d, in the presence of Drs. Atlee, Jr., Ehler, Welchans, Roland, Rohrer, and William A. Atlee, Jr., and Mrs. Dr. Wilson and her student, by the usual incision in the median line, and exposed the peritoneum, which was dark and very vascular; upon laying it open there was a small escape of ascitic fluid and behind it was a large, chocolate-colored mass, very firm and slightly nodulated, which proved to be an enormous right lobe of the liver! I passed my fingers up and felt the left lobe with its sharp edge, soft, and apparently healthy. Whether it was wearing a tight corset, or from some other cause, the morbid development was towards the pelvis, as above the umbilicus there was nothing to indicate the presence of a tumor. Here was a dilemma which brought the operation to an abrupt conclusion, and the only thing to be done was to close the wound very carefully and put the patient to bed. I think it is a case of encephaloma, not yet fully developed, in the lower lobe of the liver.

I have never, in all my diagnostic experience, been so completely deceived, and I hope your readers will profit by my mistake. It is often in that way we gain our knowledge.

#### LIMITATION OF INFECTIVE DISEASES, WITH SPECIAL REFERENCE TO PROPYLAXIS.

By EZRA M. HUNT, M.D.,

PRESIDENT OF THE AMERICAN PUBLIC HEALTH ASSOCIATION.

THE cure, the limitation, and the prevention of disease are so allied to each other that the physician and the sanitarian are excusable for not being very anxious to define with accuracy how much belongs to the particular sphere of each. In each there are so many things we do not know, that some are very much inclined to doubt as to the certainty of what we do know, or to discredit our ability of control. While it is desirable in every case to understand causation, we are not to forget that great progress can be made in actual practice, both preventive and remedial, when we may not be fully able to explain the causes of the disease or the *modus operandi* of the remedy. Those who are most accurate in their knowledge as to results, are the ones most likely to seek for and ascertain causes. The ability of quinine to cure ague is not disputable, because we are not sure how quinine acts. The one who witnesses its action will be most inquisitive as to how it acts. Of late years we have been inquisitive of etiology, as if all progress in treatment were dependent thereupon. Surely we would neither discourage nor un-

derestimate this radical method of advancing both science and art. But in the mean time we would remind ourselves of the substantial progress that has been made, especially with those diseases which tend to become epidemic. While not having all the details of relation between filth and specific contagions, it was a great advance when we came to be impressed with new definitions of cleanliness, and to insist upon it in details, as a part both of the prevention and treatment of disease.

There can be no question that the growth of professional sentiment as to the need of dealing with all surroundings, and with all that relates to the surface of the individual to the degree of technical and enforced cleanliness has made a great advance, both in the limitation and the treatment, especially of communicable diseases.

Our next confidence in our power to prevent the spread of disease, has been in the appreciation of what thorough *isolation* means, how it can be accomplished, and how effective it is in controlling the spread of contagions. In all well-regulated communities, and in all well-informed professional minds, it at once provides for the patient on a separating basis, by immediate hygienic conditions, dilutes or disintegrates the *materies morbi*, and protects others therefrom, while it is afforded the best opportunity to hasten through the stages of its ephemeral vitality. It has thus become an essential of professional duty to know accurately how to carry out this isolation, how to enforce it, not only as to persons, but their fomites and secretions. It has not only aided us to identify the dejections of cholera and typhoid fever as conveyancers of the contagion, but led us to study the respective distances at which various diseases are communicable, and to have in the aggregate quite positive information and very satisfactory results from the application of the system. It can almost be said that the physician who understands this and the practical application of hygienic methods, scarcely fears that cholera, typhoid fever, scarlet fever, etc., will assume an epidemic character. But the details are often difficult of enforcement.

Another principle that has not been enough enforced is that, in order to secure immunity from attack, it is as *feasible* to deal with individuals as it is with surroundings as a means of preventing the spread of disease. In a sense, there is a difference in inside as well as outside cleanliness among individuals as among places. Nay, more, the old experience as to inoculation, after due preparation of the system, shows at least that the virulence of a disease can be modified by preliminary care. The contagions seem to find much more to feed upon or to fructify them in some than in others. There is reason to believe that this difference is not beyond the reach of human ken, and that the principle of individual sanitation will come to the aid of other practices for the amelioration of disease.

But we are glad to see a still more important principle than either isolation or personal cleanliness now being pushed into prominence.

A communication and an editorial in THE MEDICAL NEWS have recently and forcibly presented this



idea. It is a little strange that Prof. Binz and others who have had similar views as to the action of quinine had not sooner conceived the idea that not only it, but other medicaments might be applicable in the direction of systematized prophylaxis. So soon as we began to come to some definiteness of knowledge as to wherein consists the specificity of some of the contagions, it was very natural to inquire whether we could not, in some way, interfere with the decomposition or the fructification of the plant or animal life before it had those critical manifestations which constitute the disease.

So long ago as 1877, the author of this paper presented to the American Public Health Association, at Chicago, a memorandum as to "*The Sanitation of Individuals with Reference to the Arrest of Infectious Diseases.*" It proposed to deal "with unattacked members of a household in such a way as to render them unsusceptible to the invasion of disease, or so far forestall its attempted derangement as to render it tractable." The idea suggested was "to introduce into the avenues through which contagions chiefly entered, or into the blood on which their first changes are wrought, such substances as will prevent incubation, or enable the blood to resist the changes which are sought to be made, and which constitute the formation of the disease."

Quinine, potassium chloride, and ferrum chloride were among the substances mentioned. The claim was not that of specific action, but that these and other substances could be so introduced into the system as, for several days, to keep up a constant presence about the fauces and in the circulation which would antagonize the processes which infected particles seek to set up, and which constitute the gravity of the disease. These views were the result of closely observed experiments with diphtheria and scarlet fever and intermittent fever, and were well known to families and to physicians in the section in which the practice had been initiated on a scale as large as a few virulent outbreaks in the practice of one individual would permit. When the yellow fever broke out at Memphis, communication was immediately had with Surgeon J. M. Woodworth, of the U. S. Marine Hospital Service, and he expressed his full intention to apply a definite plan of preliminary saturation which had been proposed. These views so impressed Prof. J. L. Cabell, of the University of Virginia, that, in his address before the American Medical Association, in 1878, he made allusion thereto.

A more elaborate outline of evidence was furnished in a paper presented to the American Public Health Association, at Richmond (1878), entitled, "*The Prophylactic Treatment of Individuals as a Means of Preventing Epidemics of Yellow Fever or other Infectious Diseases.*" It was claimed that the most hopeful method of preventing infectious diseases from becoming epidemic was in thus dealing with all exposed persons. In addition to other articles before named, salicylic acid, arsenic, alcohol, sulphurous acid, and some sulphites and chlorides were named.

In view of the more recent reference to the sub-

ject, we desire to call the attention of the medical profession to the need of an extended and systematized testing of the methods advised. We already have had as to quinine a prophylaxis of the individual which should make us intensely hopeful as to all infective diseases received from without. Such testing would necessitate the accurate administration of the medicament to the extent of a local presence in the fauces and an ascertainable presence in the blood during the usual period for the incubation of the disease, and even longer where there is continuous exposure. After the first effect has been reached, it is quite surprising how very small doses, if frequent, will maintain the presence in the blood of certain articles. Potassium chloride, for instance, is not only found in the secretions soon after administration, but is easily continued in them by small doses. The same is very true of quinine, of chloride of iron, arsenic, etc. Every advance in our knowledge of the infective diseases points to the development and growth of lower forms of life. We shall yet know how in many cases so to sterilize the human soil that it will refuse to give productivity to that which constitutes the gravity of the disease. If so, we shall have a method for the stamping out of epidemics second to none of those now in more recognized operation.

## MEDICAL PROGRESS.

ALCOHOL IN THE TREATMENT OF BURNS.—DR. E. NELASCO, in *le Practicien*, gives the following as the method successfully employed in a number of cases of burns. After having bathed the raw surface with alcohol (96 per cent.), he covers it with wadding, which is soaked with alcohol whenever it becomes dry. The pain ceases immediately on the application. In the most unfavorable cases the recovery was prolonged to the eighteenth day, while in the parts in which there was no deep injury, healing, without suppuration, took place on the third day, leaving no trace of the injury. —*L'Union Méd. du Canada*, July, 1883.

CIRRHOSIS OF THE LIVER OF CARDIAC ORIGIN.—M. CH. SABOURIN, in an article on this subject, gives the following as the only conclusions that can be drawn: 1. Diseases of the heart may produce a true cirrhosis of the liver. 2. The seat of this cirrhosis is the subhepatic venous region. 3. As sections show, it tends to form complete rings passing around the subhepatic veins—rings which enclose the glandular spaces at the porto-biliary centre. 4. By its histological nature and elementary evolution, it possesses and retains characteristics which permit its ready recognition. 5. It constitutes an important anatomico-pathological element in the history of diseases of the liver; this element gives the peculiar stamp to the hepatic cirrhosis of cardiac origin. —*Revue de Médecine*, July, 1883.

SUBCUTANEOUS LIGATURE OF VARICOSE VEINS.—At the meeting of the British Medical Association, recently held in Liverpool, MR. W. H. FOLKER read a paper on this subject. Formerly, he adopted the method of treatment by potassa fusa and lime eschar, but at present he only uses the ligature or suture. Either of these, which are applied merely till a clot is produced in the vein, and then removed without completely dividing it, he considers not only unreliable, but

dangerous, as the clot might subsequently become loose, and be carried up the vein.

Whatever method is adopted, it is absolutely necessary that a complete division of the vein should be effected; but, that accomplished, he thinks the more formidable operations of slitting up or dissecting out portions of the vein are then quite unnecessary. A hare-lip pin passed under the vein, with silk twisted over it, is effective if allowed to cut its way through; but it is clumsy, and also very uncomfortable to the patient to have three or four needles in his legs, with the cut ends projecting, however carefully they may be dressed. The brooch with pad and screw only serves to stop circulation in the vein till a clot is formed; but it does not sever the vein completely, and is, therefore, not to be depended upon.

The plan which he now proposes to bring before the profession is that of subcutaneous ligation of the vein; it will be found safe, efficacious, and very simple and easy to apply. It is safe; for the ligature is applied with the slightest possible disturbance of the surrounding parts. It is efficacious, as it completely stops all circulation in the vein for ever afterwards; and the operation is extremely simple and easy to be performed.

A very small incision is made on each side of the vein, of the width of a tenotomy-knife. The ligature is then passed under the vein with a curved needle, which is made to enter at one incision, and is brought out at the other and withdrawn, leaving the ligature under the vein. The straight instrument, which is just sharp enough to go through fat and cellular tissue, but not sharp enough to endanger a vessel, is passed from one incision to the other between the skin and the vein; it is then threaded with the ligature, and withdrawn. The ligature now encircles the vein, with both its ends through the first incision. It is tied as tightly as possible, and the ends cut off closely. If a spot of blood remain, it is to be sponged away, the skin dried, and the incisions pencilled over with collodion, and the operation is complete.

Of course he does not pretend to say there is anything new in tying a varicose vein subcutaneously, though he wishes to suggest its more general adoption, as being thoroughly effectual; and by using the little instrument devised for the purpose, the operation may be performed in the easiest manner possible, even by any one not much accustomed to operating. There is nothing unsightly for the patient to see; and the part may be easily and comfortably dressed.

This last may be considered by some a trivial matter, but many of the patients will be induced to submit to this, who would be frightened at the idea of a cutting operation.

Mr. J. R. Humphreys (Shrewsbury) said that he had applied the various methods for the relief of varicose veins, and amongst them the method of subcutaneous ligation; but of late he had cut down on the vein, and tied it below and above, about an inch apart, and cut the intermediate portions. He had had some troublesome cases of varicocele which he had readily cured by this means, and had no bad result.—*British Med. Journ.*, August 18, 1883.

**OPERATION FOR DETERMINING THE SEX OF AN INDIVIDUAL.**—In November, 1882, a person, æt. 22, came to PROF. PORRO for the purpose of having the sex determined. This person had been brought up from infancy as a girl, but all proclivities and instincts had been masculine. The height of the individual was five feet two and a half inches; weight 130 lbs.; the features masculine, with a few black hairs on the face and upper lip. The thorax was that of a man, the breasts developed similarly to those of a young girl,

but the nipple was non-erectile. The abdomen was flat, but the conformation of the pelvis was similar to that of a woman. The arms were those of a man, but the lower limbs of feminine conformation.

There was a penis very slightly prominent; the pudental region, when the legs were brought together, resembled that of a woman. There was a vulva with a slightly developed clitoris, the glans of which extended only six-tenths of an inch beyond the prepuce. At the base of the glans were two folds of mucous membrane resembling labia minora; these being separated, the examiner found a canal about one and six-tenths inch long which extended from the base of the glans to an opening in the median line, about two and two-fifths inches from the anterior margin of the anus. This led to another canal, one and four-fifths inch long, which opened into the bladder.

Two cutaneous folds of larger dimensions than those already mentioned, but parallel to them, were found on either side of the peniform body. They were covered with hairs, and were similar to labia majora. At their upper part, two hard bodies were felt at the ring near the inguinal region, pressure on which caused no painful sensation. Rectal touch gave no evidence of the existence of a prostate, nor was any uterus discovered.

On December 9 Prof. Porro opened the genito-crural fold of the right side, and found that the hard body was the testicle with the epididymis. The spermatic cord was present, and attached to the testicle. A few catgut sutures and a Lister dressing were applied, and five days afterwards the man left the hospital. [This operation is somewhat similar to one reported by Prof. S. D. Gross in *THE AMER. JOURNAL OF THE MED. SCIENCES*, Oct. 1852, which was more thorough, however.]—*L'Abeille Méd.*, Aug. 27, 1883.

**ACTION OF LEAD ON THE VAGUS.**—CURCI, after some physiological experiments on the subject, states that lead salts have an irritating action on the vagus. They act at the same time on the inhibitory centre of the heart and on the terminal intracardiac branches. Under their influence, the heart-beats diminish in frequency, and become intermittent. The systolic bruit is also diminished in duration while the diastolic bruit is prolonged.—*Gaz. Hebdom.*, Aug. 17, 1883.

**CASE OF HORNY TUMOR ON THE CHEEK.**—At a meeting of the Calcutta Medical Society on July 11th, notes of the following interesting case were read: Bhondu, a fuller, was admitted into the Rai Bareli Sudder Dispensary on the morning of 29th July, 1882, with a peculiar tumor on his left cheek. His previous history is that about eight years ago he first felt a hard, painless swelling come on in his left cheek, just near the angle of the mouth. For the first few months he took no notice of it, simply because it did not trouble him, but after the lapse of some more months, it became double its size and very unsightly. He thereupon consulted a barber-surgeon, who applied some medicine, and a fortnight after its use, a thin layer of skin, as the patient says, peeled off its surface, leaving exposed to view a hard, white swelling like a horn in structure. No medicine had any effect in checking its progress, and four years after it was first noticed, it became about two and a half inches long. He again went to the barber, who sliced off the projecting mass with a razor. He (the patient) could still feel a hard plate sticking as if it were in his cheek. Some time after, it again attained its former size, and he had it again cut off by the barber. The last operation was performed about two years ago. The tumor has now again increased in bulk, and is larger than it ever was before. From the very beginning, it has been per-

fectly painless, the only source of inconvenience and anxiety being its size and presence on the face.

*Present state* (at time of admission). There is a pyramidal mass projecting out of the left cheek. It is about three inches in length. The apex is a cut, triangular, uneven surface, about one inch square, having rather a constricted neck. Its thickness is much greater towards the base, which is embedded in the substance of the cheek. On running the finger over the base from within the mouth, a hard substance is felt, as if it were sticking in the cheek. Its circumference is about three inches. Pressure upon the tumor from within or without the mouth does not give any pain, and the whole thing looks exactly like a horn on a man's face.

*Treatment*.—The tumor was dissected out. It was found to be embedded in the whole thickness of the cheek, and the mucous membrane of the mouth was, in the course of dissection saved with great difficulty. The after-treatment was carbolyzed lint, and on the 12th August, 1882, fifteen days after the operation, the man was discharged cured, the wound having filled up with granulations.—*Indian Medical Gazette*, August, 1883.

—URAGUARA.—M. P. MERLINI reports several cases in which the tincture of uruguara (*Didinamia angiosperma*) has been successfully used in chronic bronchial and pulmonary diseases. The first patient had symptoms of pulmonary phthisis; after three months and a half of treatment, there was only a slight vesicular murmur. The tincture is prepared from the leaves or from the bark of the root, and is given in doses of grt.v.-xx three times a day, before meals, in a glass of water. The tincture is well borne by the stomach, and a continuous use during several months produces no digestive troubles. It causes an increase in the appetite and an improvement in general strength. Merlini states that in several cases in which cod-liver oil, iron, lime salts, etc., had given no improvement, he obtained excellent results with the uruguara.—*Progrès Méd.*, August 18, 1883.

EXTIRPATION OF THE UTERUS.—BÖLLING, of Upsala, reports the case of a woman, æt. 57, upon whom he performed colpo-hysterectomy in July, 1882, on account of cancer. The growth had become attached to the anterior roof of the vagina, and the bladder was torn when the cervix was removed, but was immediately sewed up. The uterus was removed through the posterior part of the vagina. The broad ligaments were separated and ligated, and the ovaries left in the pelvic cavity.

By sutures in the corners the wound was entirely closed with the exception of an opening about as large as a finger, through which a drainage-tube was inserted. The vagina was then tamponed with iodoform gauze, and the patient put to bed. There was no rise of fever.

Recovery went on uninterruptedly, with the exception of a vesico-vaginal fistula, which, however, closed spontaneously in five and a half months, at which time the patient was still free from recurrence of the disease. Examination of the uterus showed that the internal os was involved.—*Centralbl. für Gynäk.*, Aug. 4, 1883.

THE SEAT OF UREA FORMATION.—DR. SHROEDER has recently performed some interesting experiments on this subject (*Kleb's Archiv*, t. xv.). He constructed an apparatus by means of which the blood of the animal experimented upon was caused to flow through certain organs, the liver, kidneys, etc. Notwithstanding a continuous circulation of two hours or more through the liver, the blood always contained the same

amount of urea at the end of the experiment. The liver is therefore, in Shroeder's opinion, the urea forming organ *par excellence*.—*Gaz. Hebdom.*, August 24, 1883.

PRECAUTIONS FOR PERSONS ATTENDING CHOLERA PATIENTS.—The Board of Health and Public Hygiene of the Department of the Seine has issued the following circular, presented by M. DUJARDIN-BEAUMETZ: Persons having the care of cholera patients, or who live with them, should observe the following rules: They should neither eat nor drink in the chamber occupied by the infected person. Before eating or drinking, they should rinse out the mouth, and thoroughly wash the hands and forearms with a two per cent. solution of borax. They should bathe the whole body every day with water containing 3iiss of borax or grs. xv of thymic acid to the half gallon.

Whenever any fecal or vomited matters soil the clothes, they should be immediately washed with a solution containing 3v of sulphate of copper to the half gallon of water, or with boiling water. When the clothes are extensively soiled, they should be placed in a closed apartment, where 3iiss of sulphur must be burned for every cubic yard. The clothes should remain in this place for twenty-four hours.—*Progrès Méd.*, August 18, 1883.

THE PERSPIRATION IN HEALTHY AND NEPHRITIC SUBJECTS.—From a number of experiments upon himself and other men, DR. JANSSEN, of Leyden, draws the following conclusions:

1. In Healthy Subjects.—1. Vapor of water is continually being exhaled through the skin.
2. During the course of the day, the quantity of vapor of water evaporated varies at different times; it decreases from the early morning till midday, and then rises from that time until evening.
3. These regular variations are independent of the use of solid or fluid food, as well as of the bodily temperature, so long as it remains within normal bounds.
4. The ingestion of food and drink has no influence on the exhalation of vapor of water through the skin.
5. The production of vapor of water rises with increased, and falls with decreased, temperature.
6. The different parts of the body contribute unequally to the amount of perspiration: the arm furnishes, relatively, much more perspiration than the leg.
7. The perspiratory functions are more energetic in males than in females.

II. Perspiration in Nephritic Subjects.—1. Subjects of nephritic disease continually lose considerable quantities of water through the skin.

2. There is no regularity in the quantity of perspiration exhaled.
3. If the parts of the body are oedematous, more water is exhaled than when oedema does not exist.
4. In cases of acute nephritis, and perhaps also in nephritis with shrunken kidneys, but little water is exhaled.
5. In nephritis and in cases of enlarged kidneys, the behavior of the sweat-glands is different. In a case in which there was oedema of the extremities and face, urine small and containing albumen, the perspiration was less than in a healthy person. In a case of diabetes also the amount of water exhaled from the whole arm in an hour only amounted to grm. 0.031, an enormous decrease.

Janssen has been able to find no difference between the varieties of nephritis as to the amount of carbonic acid exhaled from the skin, nor between oedematous and non-oedematous parts in this respect.—*Deuts. Arch. f. klin. Med.*, Bd. xxxiii., Hft. iii. and iv.



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SATURDAY, SEPTEMBER 15, 1883.

## THE ORIGIN OF SPECIFIC DISEASES.

In a recent Address on Pathology, delivered before the British Medical Association, DR. CHARLES CREIGHTON tries to show how certain diseases now recognized as specific, and which he characterizes as autonomous, that is, having a certain existence of their own independent of the normal physiological processes of the living body, may have arisen by a process of evolution from successive gradual changes in these physiological processes. He appears to entirely ignore the germ theory, and, although he starts out with the proposition that disease is only a modification of a healthy state, he becomes confused and obscure as he goes on, and speaks of infections which can exist outside the human body in the sense of diseases, thus confounding the cause with the effect.

He supposes cancer to arise from disordered secretion; tubercle in cattle from disordered nutrition more especially in certain deposits of fat; smallpox to have been originally a non-contagious skin disease of the negro; and yellow fever to be a modification of typhus developed in the slave trade.

This last is an old theory, advocated by a French physician, M. Audouard, to explain the introduction of the disease at Barcelona in 1821, but which has never met with any general acceptance by medical men. Contagious fevers appear in fact to have been of very rare occurrence on the slave ships, the chief source of mortality having been dysentery. Dr. Creighton seems to think, however, that the cause of dysentery in the black is the cause of yellow fever in the white, but this is a mere supposition, and is negatived by the fact that the con-

verse does not hold good, for in epidemics of yellow fever there is no corresponding epidemic of dysentery in the colored population. If the poison of yellow fever can be generated by overcrowding and filth among the blacks, it ought to occur every summer in some of our large cities; which is not the case. Dr. Creighton's speculation as to the origin of smallpox rests on even more slender foundations than the yellow fever theory. The truth is, that all such speculations which ignore the effects of micro-organisms are very much like the celebrated Lyceum debate on the relative priority of the chicken and the egg. Fifty years ago it might have been permissible to write an elaborate treatise to prove that the phenomena of trichinosis were due to the use of beer, and the process of evolution-acting on the Germanic race, but such is no longer the case.

We can understand the possibility of the production of disease in man by parasitic organisms; we can also readily conceive that by the process of evolution either the powers of these organisms may be changed, or the tissues of the human body may be rendered more or less susceptible to their effects, but we have no evidence in favor of the spontaneous generation of such organisms.

It is a good rule in investigating contagious and epidemic diseases to determine first the influence which known and existing circumstances have on their rise and development, and to make use of unproved and unprovable hypotheses only in regard to the unexplainable residuum.

If, for example, we wish to compare the theory that smallpox is due to a parasitic organism, which either has, or at all events originally had, a separate and independent existence, with the theory that smallpox is due to the grafting of particles of living matter from one living body to another, the first question which arises with regard to the latter supposition is, how long can particles of living matter, not independent organisms, retain their vitality when separated from the human body. This is a question which is a legitimate subject for experiment, but so far as we now know such survival of vitality is limited to a few hours. It has been determined, however, that the particles which have the power of producing smallpox or scarlet fever retain that power for weeks and months. By what law of evolution is it conceivable that this power of retention of vitality should be developed in connective-tissue cells?

It appears to us much wiser to investigate the causes of disease, organic and inorganic, which are now acting on man, than to speculate about possible causes of several thousand years ago. Such a statement as that "a mere condition or state of the ruminant body can be abstracted, as it were, from all other ruminant conditions, and made to live in

another body," is very illy calculated to stimulate inquiry as compared with Koch's definite statements of the presence of a peculiar form of bacillus in bovine tuberculosis. Sydenham's definition of a specific disease as "one that takes its rise in a specific exaltation or specification of some juice of the body," which Dr. Creighton says expresses his meaning, reads to us much like the celebrated explanation that the narcotic effects of opium are due to a certain sleep-making power which it possesses.

We do not wish to be understood as advocating the germ theory or the graft theory of the causation of specific diseases, but only as urging that these theories are much more worthy of consideration than that of specific conditions or states of the body, for the reason that they are susceptible of investigation by experimental methods, while the latter is not.

#### THE PICRIC ACID AND OTHER TESTS FOR ALBUMEN.

THE profession is much indebted to Dr. George Johnson for recalling attention to picric acid as a delicate test for albumen in urine. Attention was first called to it about ten years ago, when it was recommended that into a saturated solution in a test-tube the suspected urine be allowed to fall, drop at a time. Should albumen be present in sufficient quantity, a distinct cloud is observed to follow each drop of urine as it descends through the picric solution.

As thus applied, the picric acid is not a delicate test for albumen. Nor is it when simply mixed with urine; but in the following modified form it is by far the most delicate and convenient test we have handled. Dr. Johnson recommends that a saturated solution, made with boiling water, be allowed to flow gently from a pipette upon some of the suspected urine in an inclined test-tube, just as in the nitric acid test the acid is overlaid by the urine. The order is here reversed, because the picric acid solution is lighter than most urines. If there is the least albumen present, a delicate but sharply distinct white line appears at the border between the two fluids. Even more care is required in carrying out this process than with the nitric acid test, since the two solutions approach each other more nearly in specific gravity, and, therefore, diffuse more readily. At the same time, the white line remains a longer time, because the precipitated albumen is not dissolved so quickly by the picric acid as it is by the nitric.

We have for some time been in the habit of testing each specimen of urine we have been called upon to examine, by heat, by nitric acid, by the acidulated brine suggested by Dr. Roberts—made by adding an ounce of hydrochloric acid to a pint of water, saturating with common salt and filtering—and by the picric acid solution. As the result of

these experiments, we have found that quantities of albumen, so small as to escape detection by the nitric acid and acidulated brine, can be detected by heat and subsequent acidulation—particularly after setting aside for a few hours, when the doubt as to a diminished transparency is often settled by the presence of a delicate sediment, not soluble by heat. But we have further learned that a quantity of albumen which would escape detection by the latter method can be demonstrated without doubt by overlaying the urine by the picric acid solution.

As to the relative value of the nitric acid and the acidulated brine, we believe the latter is a trifle more delicate, partly because the color-line, which always forms at the junction of the acid and urine, is never so marked when the brine is used. And when we consider that the salt solution is very much more satisfactory to work with because of its comparatively non-caustic properties, it is greatly to be preferred, and should be always used instead of the pure acid.

We have heretofore continued to use the nitric acid, as well as the boiling with subsequent acidulation, although the latter is far more delicate than the former for small quantities of albumen, because it is well known that sometimes, when *comparatively large amounts* of albumen are present, it fails to be thrown down by heat; or only a trace appears, the remainder, often a considerable amount, remaining in solution. And although this acid-albumen may be made to show itself by working to and fro with larger quantities of acid and reapplying heat, yet it never fails to appear by underlaying with nitric acid, and, of course, with the acidulated brine, so that the two methods are a check upon each other. We shall never forget the look of dismay upon the face of a poor woman who had been in the habit of testing the urine of her daughter, and who had detected but a trace of albumen for some weeks, and sometimes none at all, when upon our adding a little more nitric acid, and again boiling some of the same specimen which she had herself tested, down came a copious precipitate of albumen.

This source of error, so far as we know, is also avoided by the picric acid test, so that, for large or small quantities of albumen, it becomes the most delicate test easily available. Lest it should be thought that the precipitate represents some other form of albumen than the serum albumen found in deranged renal circulation, we would state that not only have we found numerous specimens of urine in which there was no response whatever to picric acid, but in every instance in which the reaction occurred, the urine was from cases where, on account of irritation of the genito-urinary passages, it was reasonable that albumen should be present; so that we are in hearty accord with Dr. Johnson that it is a deli-

cate test for serum-albumen only. In the way of objection to the picric-acid test this alone can be said: When working with urines of low specific gravity, it is difficult to overlay them with the solution of picric acid, because of such low specific gravity, in consequence of which the two fluids diffuse very rapidly. And again, to some the vivid yellow stain which it imparts to the hands may be an objection.

Other test solutions for albumen to which attention has recently been drawn are (1) saturated solution of ferrocyanide of potassium with free acidulation by citric acid, suggested by Dr. Pavy; (2) solution of potassio-mercuric iodide after acidulation with acetic acid (Tauret), or by citric acid (Stephen); (3) acidified solution of potassio-mercuric iodocyanide, and (4) acidulated solution of sodium tungstate. The last two were suggested by Dr. George Oliver in the *Lancet*, February 3, 1883. The solution of ferrocyanide of potassium is less delicate than the picric acid, but the potassio-mercuric iodide is equally sensitive. The acidulated solution of potassio-mercuric iodocyanide is also delicate, but troublesome to prepare. In a limited experience, we have not found the sodium tungstate solution suggested by Dr. Oliver, as delicate. It is made by mixing equal parts of a saturated solution of the tungstate salt, saturated solution of citric acid, and water; and as thus prepared it is colorless and of a higher specific gravity than most urines. The potassio-mercuric iodide may be preferred by some on account of its absence of color, but the picric acid will always recommend itself by reason of its easy preparation and simplicity, no special preparation, and no acidulation by other acid being required. We are in the habit of preparing and keeping a solution in an ordinary test-tube.

One most important precaution must be observed in testing for small quantities of albumen, by whatever reagent—*always work with a transparent urine*. If a turbidity cannot be filtered out in the ordinary way, add solution of potash, and warm before filtering.

With these more modern additions to our qualitative tests for albumen, it would seem that in this department of urinary chemistry all has been attained that can be desired.

#### LITHOLAPAXY.

It is not a little surprising that Bigelow's American operation has found its chief practical welcome abroad, as shown by the *résumé* of 590 operations, given in a paper by DESNOS, in a late number of the *Revue de Chirurgie*. Of the 46 operators quoted, Guyon leads with 226 operations, and Sir Henry Thompson follows with 101, together counting more

than fifty-five per cent. of the total number. Only nine other operators have done it in ten or more cases. Of these, Bigelow himself has done the most (forty-five), and Van Buren and Keyes follow with thirty-three. Scarcely a single American case is quoted outside of Boston and New York. Yet its success has been so remarkable, even from the single standpoint of the mortality, to say nothing of rapidity and comfort of the cures, that it ought to be at present the operation *par excellence*. Yet the surgeons of the Middle, Southern, and Western States seem for the most part to have ignored it. Guyon has obtained cures in 94.7 per cent., as against 91.8 by ordinary lithotripsy, in spite of the fact that he has treated stones of even five and one-half centimetres (two and one-eighth inches) in diameter. The duration of treatment he has brought down from forty-seven days in lithotripsy to seventeen days in litholapaxy, while the occurrence of fever and other accidents has variously diminished from four to thirtyfold. In Sir Henry Thompson's and Van Buren and Keyes' hands, the recoveries were ninety-seven per cent., and in Bigelow's, about ninety-six per cent. Of the whole number, six per cent. died, as against about eleven per cent. by ordinary lithotripsy.

Desnos gives a history of the steps by which this "complete revolution," as he well terms it, has been attained. Beginning with Heurteloup in 1829, Cornay in 1843 (who devised an aspirator with an air-pump), Crampton, and Amussat, each added somewhat, the latter, in 1853, even proposing the crushing of the stone at a single sitting. But under the shadow of the great names of Nélaton and Thompson, lithotripsy for twenty years was limited to short and frequent sittings, leaving a large number of sharp, angular fragments, sure to do mischief to an already inflamed and sensitive bladder.

Meantime, under the lead of Otis, investigation had developed the fact that the normal urethra was larger than had been believed, and resting largely upon this fact, Bigelow devised most happily his new operation, an operation which he and others have modified and improved in detail, but the principle of which remains intact—a laurel well deserved. Once that instruments of large calibre could be introduced into the bladder, a stone, broken into numerous small fragments, or better still, as Desnos insists, almost into sand, could be sucked out at a single sitting, and the bladder relieved at once. One other step was needed, and that Bigelow boldly tried and proved it feasible—anæsthesia. This rendered possible a prolonged sitting, with repeated crushings and aspirations. There is now no possible doubt that a prolonged sitting and repeated mechanical operations, which get rid of the stone at once, are less dangerous to the



bladder than frequent short sittings, which leave numerous fragments. Indeed, it is even possible that we have gone too far in prolonging these operations to two or three hours, or even longer, and that a fragment or two may be left for removal at a later sitting rather than prolong the operation to such an extent as to injure the patient either by the prolonged anæsthesia or by too long-continued manipulation. Guyon's sittings averaged only twenty-three and a half minutes, and hardly ever lasted an hour. The same may also be said of the size of the evacuator. While the largest possible instrument is theoretically the best, those of somewhat smaller size present a facility of introduction and safety in manipulation that recommend them greatly; even a No. 16 of the French scale has served an excellent purpose. Especially is this true if the crushing be effectually done first.

The operation is as yet in its infancy; but it is a lusty infant. Improvements, mechanical and manipulative, are constant. We are learning its limits and its capacities. It will be a shame if it should find its home in Europe rather than in America, and receive its improvements more from foreigners than its countrymen. Sir Henry Thompson gave it a rather frigid reception at first, but, as his figures show, he is now its warm friend, and his name alone is a tower of strength. We bespeak for the method a more general trial. How many Philadelphia surgeons have tried it? How many west of the Alleghanies? How many south of the Ohio?

#### TRAINED NURSES.

UNTIL birth, sickness, and death pass away nurses will remain a necessity. The fact being so, the quality of the nurses to be had is no longer a matter of indifference, but of profound interest to the sick, and of almost equal importance to the well; for these last have deeply at heart the recovery of their dearest ones, and it is but a question of time when they themselves will be numbered among the sufferers.

The credit of first establishing training schools for nurses has generally been given to Pastor Theodore Fliedner, of Kaiserswerth on the Rhine, in 1836, or to Miss Florence Nightingale, as a result of her experience during the Crimean War in 1854. But the fact is, that the Philadelphia Lying-in Charity began its efforts in this good cause as early as 1828, under the late Dr. Warrington, and subsequently under Dr. Ellwood Wilson, who also gave there in 1856 the first public gynecological clinic.

And now comes another plea from this city for more and better trained nurses. The Nestor of the American profession in another column makes an urgent and timely appeal for more widely diffused

opportunities for such training. Our chief cities, Philadelphia, New York, Boston, Washington, New Haven, Chicago, San Francisco, etc., have all well-established schools for this purpose, but Prof. Gross, with his large-hearted sympathies, makes a strong plea for the towns and villages of the *country*.

Sickness knows no latitude. It has no geographical limitations. It is not metropolitan in its manifestations. Farmers and laborers suffer from it as much as the inhabitants of our cities. Indeed, in view of the far larger number of the rural population and their lessened facilities for obtaining nurses, and the infrequent visits of their doctor, often miles away from their homes, country-folk need good nurses far more even than city-folk.

The knowledge nurses need does not "come by nature." The "knack" for nursing is more or less an inborn quality, but "knack" plus training is quadrupled power. Some such plan as is so admirably sketched by Dr. Gross is entirely feasible, and if realized would supply in many a country town and neighborhood a pressing want and save many a life.

Moreover, we are glad to see another point in Dr. Gross' scheme—a point that should be thought over in our cities especially—that such instruction be given to *men* as well as women. As to men, it is a fact that there are no "trained" male nurses in the same technical sense as we speak of trained female nurses. A few good male nurses there are, trained in the school of experience—the same school that existed for women long before the Philadelphia Lying-in-Charity and the Kaiserswerth school were thought of. But that is not "training." There ought to be for male nurses the same opportunities that exist for women.

We trust, in the contemplated training school at the Philadelphia Hospital, that adequate provision will be made for giving men equally full and complete instruction.

In conclusion we urge two points: First, let the press, medical and secular, as is requested by the distinguished author, call wide attention to the subject and so arouse the interest, both of the profession and the public, to an urgent need. Secondly, let us hear speedily that the plan has been actually tried in some enterprising rural neighborhood. Let us hear of the methods adopted, the modifications found necessary, and the results obtained.

#### NOISE NUISANCE.

To the sick and convalescent, and to "nervous people"—a class rapidly increasing in number with the progress of our civilization—street noise is an intolerable nuisance which, in some cases, may result in positive injury, and is a penalty paid for living in the city. Many of these noises are, in

a degree, the necessary concomitants of traffic and manufacture, and are, therefore, the results of useful occupation; others are inheritances from by-gone days, and have long since survived the period of their utility. Of the latter we may mention, as conspicuous examples, the church bell and the factory whistle, both of which have been entirely superseded in their useful purpose ever since the introduction of watches into universal use.

In Great Britain the factory whistle has been controlled and ameliorated by Act of Parliament, and in this country the church bell is likely to be regulated by the courts. Indeed, the Supreme Court of Pennsylvania, in 1877, declared that the noise produced by the ringing of the chime of bells in a certain church in Philadelphia to be a nuisance to be abated, and it enjoined their ringing, except for certain services on Sunday, when it is permitted for five minutes preceding these services. In New York the ringing of the bell of St. George's Church has caused considerable annoyance to the residents in the neighborhood of Stuyvesant Park, who have recently brought the matter to the attention of the Board of Health, and, if necessary for its abatement, we are informed, will carry it to the courts, which, following the tendency of all recent decisions both in this country and in England concerning such nuisances, will, doubtless, grant equitable relief.

## SOCIETY PROCEEDINGS.

### MEDICAL SOCIETY OF VIRGINIA.

*Fourteenth Annual Meeting, held at Rockbridge Alum Springs, September 4, 5, 6, and 7, 1883.*

(Specially reported for THE MEDICAL NEWS.)

#### SEPTEMBER 4TH, FIRST DAY.

##### EVENING SESSION.

THE Fourteenth Annual Session of the Medical Society of Virginia, convened at Rockbridge Alum Springs, Va., at 8.30 P.M. This renowned health and summer pleasure resort was selected as the place for the present meeting, in acceptance of an invitation from Col. Frederick Effinger, the President of the Springs Company. The attendance was about one hundred physicians from this State, besides some distinguished gentlemen from other States, prominent among the visitors being Drs. L. McLane Tiffany, Dean of the University of Maryland, and John N. McKenzie, of Baltimore, and Julian J. Chisolm, of Baltimore.

A band of music enlivened the occasion of the assembling, and many ladies, besides hosts of the male guests of the Springs' Hotel favored the Society by their attendance.

DR. WM. D. COOPER, of Morrisville, Va., PRESIDENT of the Society, occupied the Chair.

After prayer by Rev. Dr. J. J. Lafferty, the next order of business was announced to be the

ANNUAL ADDRESS TO THE PUBLIC AND PROFESSION, by DR. J. E. CHANCELLOR, of the University of Virginia. After stating that, by the request of the man-

ager of the Springs, and as a former resident physician on these grounds, he welcomed the Society and urged the members to enjoy the pleasures which might be found here. Dr. Chancellor then announced as the subject of his address,

##### MINERAL WATERS.

He reviewed the history of mineral water from the earliest times down to the present, and then after defining what a mineral water is, he proceeded with an exhaustive discourse upon the formation of such waters; their chemistry and composition, the geological character of the soil which produces them, where they are likely to be found, and their classification, and their importance as medicinal agents, closing his address by a comparison between natural and artificial mineral waters, and demonstrating the fact that the latter can never equal or take the place of the former. The address was warmly received by both the public and profession, and is an important contribution to the literature of the subject.

After some formal business, the Society adjourned.

#### WEDNESDAY, SEPTEMBER 5TH, SECOND DAY. MORNING SESSION.

After the meeting had been called to order at 10 A.M., and the minutes of yesterday were read and approved, DR. G. WM. POLLARD, of Aylett's, Va., Acting Chairman of the Committee on Applicants for Fellowship, presented his report. Some thirty-eight or forty new members joined during the session.

THE PRESIDENT next appointed thirteen Fellows, representing different sections of the State, a committee to *nominate officers* for the ensuing term.

At the hour of 11 A.M., the special order of business being the

##### PRESIDENT'S ADDRESS,

DR. WM. D. COOPER proceeded to deliver it—after inviting Vice-President, Dr. Meade C. Kemper, of Goshen, Va., to assume the chair for the time. His subject was the *Individual Rights of Physicians, and the Limited Protection afforded them by our State Laws, with Suggestions as to Some Action of Redress*. It was an excellent address, clearly defining the rights of doctors to claim special legislation to enable them to perfect themselves in scientific studies, so as to be more servicable to the people, while at the same time they may protect themselves against the encroachment of quackery, charlatanry, etc. The power of thorough organization and determined effort were well pointed out.

The next order of business was the report on advances in different departments of medicine.

##### REPORT ON ADVANCES IN ANATOMY AND PHYSIOLOGY.

DR. JOHN R. WHEAT, of Richmond, Va., Reporter. This paper showed careful study of the subject in hand.

##### REPORT ON ADVANCES IN CHEMISTRY, PHARMACY, MATERIA MEDICA, AND THERAPEUTICS.

Honorary Fellow and ex-President DR. A. M. FAUNTLEROY, of Staunton, Va., Reporter. Chemistry, since Sertürner, over fifty years ago, announced the discovery of morphia, has played an important rôle in medical progress. In the last few years, *actinium* has been separated in the metallic state. *Liquefaction of ozone* has been accomplished by compressing ozone in oxygen, and the indigo-blue drops have been preserved for nearly thirty minutes. The probable existence of active allotropic nitrogen was referred to. Ammonia from the atmosphere may be obtained by deoxidizing the air by coal dust, in the presence of watery vapor, at red heat. Common salt is put in the furnace with the coal; liberated chlorine

combines with the nascent ammonia, forming ammonium chloride. Artificial indigo, by synthesis from a benzene nucleus, is an industrial chemical triumph, for colorless propiolic acid, when treated with a reducing agent, yields indigo blue.

Apomorphia, the reporter has repeatedly witnessed as an abortive of epileptic seizures, and as a calmate in cases of acute mania. This suggestion is valuable, since it comes from a reporter who has had years of experience with brain and nervous disorders, as former medical superintendent of the largest insane asylum in the State. He recommends it to be used hypodermically. The conversion of morphia into codeine, by chemical processes, was referred to, and the phenyl character of morphine, he thought, seemed established. Under the heading of constitution of atropine and its derivative products, tropic acid, tropine, and homatropine, were mentioned, and the mydriatic effects of the latter agent referred to. Hyoscine was spoken of therapeutically as a surer agent than atropia. It is also valuable in whooping-cough, asthma, and epilepsy. The alkaloids of cinchona, and its derivative products, were next considered. Chinoline salicylate and tartrate were mentioned chemically, and the synthesis of thymol and resorcin were the last reference made to the chemical department of the subject.

Glucose as an excipient of pill masses was specially commended, as well as nitre tablets for asthma and insomnia. Solution of morphia in boiling water for hypodermic use, was the next topic. Compressed disks for hypodermic use were mentioned. Colorless tincture of iodine was referred to cosmetically. Several agents were referred to as deodorizers of iodoform, none of which was so highly commended as Tonka bean. The use of chloral hydrate as a vesicant—long ago suggested—is now put forth as an established success. The chloral is sprinkled on adhesive plaster, and applied to the flesh while warm. In about ten minutes the part is free from pain, but blistered as effectually as if by fly-blister.

Jamaica dogwood blunts pain and promotes sleep, and was recommended as particularly valuable where opium cannot be used. Dr. Fauntleroy has given it successfully in facial neuralgia. It is best given with milk. Rhamnus purshiana, Cascara sagrada, as a tonic aperient for infantile indigestions, etc., were referred to. Convallaria maialis as a cardiac stimulant, and its therapeutical application as the rational outcome of its physiological action, were referred to. It is considered perfectly safe.

#### REPORT ON ADVANCES IN OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN.

DR. M. G. ELLZEY, of Washington, D. C., Reporter, stated that he had assigned the report on Diseases of Children to Dr. Wm. H. Coggeshall, of Richmond, reserving the other two branches of his subject for himself.

*Obstetrics.*—He said that the advanced state of the science of obstetrics precludes the expectation of brilliant and revolutionary advances. There are perhaps no advances more important than the general observance of the principles of the Listerian surgery in obstetric practice, and the general recognition of the scientific validity of the so-called germ theory of disease. Among the menacing perils of child-birth, eclampsia, post-partum hemorrhage, and placenta prævia still stand forth formidably prominent. The possibility of the production of embolus by syptics—especially preparations of iron thrown into the uterine cavity—was referred to. The abuse of forceps was strongly condemned. No man has a right to terminate a natural labor by force, and whosoever uses forceps to gain time for himself is guilty of a criminal assault.

*Diseases of Women.*—The recent activity of gynecologists has been so great that it seems hard to select particular advances as worthy of the particular attention of the general practitioner. The reporter strongly condemned the abuse of pessaries, and the making of vaginal explorations of married and unmarried females upon trivial grounds, and protested against the growth of pretended specialism in practice, as in many cases a mere bold system of advertising quackery; condemning also promiscuous resort of women of all ages and ranks to hospitals and specialists for every real or fancied ailment, for the diagnosis and treatment of which every reputable practitioner is, or ought to be, perfectly competent. The reporter dwelt earnestly upon the deplorable results of the abuses which, it is much to be feared, are gradually becoming to be tolerated in medical circles, in the general treatment of uterine disorders.

DR. WM. H. COGGESHALL, of Richmond, Va., read the report on

#### ADVANCES IN DISEASES OF CHILDREN,

in the course of which he made special mention of congenital phimosi, and its treatment. He made protest against the indiscriminate performance of circumcision in cases where true stenosis is absent, as in many such instances the condition may be relieved by the employment of a little dexterity on the part of the surgeon. He also advised against the too common employment of chloroform in convulsions, and referred to the favorable mention by later writers of nitrite of amyl inhalations for the relief of this affection. Reference was made to the remarkably successful results obtained last year by Dr. Macguire, of New York, in the treatment of cancrum oris by subnitrate of bismuth. He gave the treatment of the commoner forms of children's diseases as employed in the New York hospitals for children, closing with a strong recommendation of the fluid extract of ergot for employment as a systemic treatment in pertussis, from his personal experience.

After the reports had been read, DR. GABRIEL McDONALD, of Union, W. Va., expressed the opinion that Dr. Ellzey had given a too narrow range to the use of the forceps. In natural labor, Dr. McDonald maintains, when everything is all right as to dilatability of os and position of head, relative sizes of mother's parts, etc., and the pains are effecting no good, he applies the forceps. He thinks it cruel to let the mother suffer so long when she can be relieved by the instruments.

DR. HUME FIELD, of San Marino, Va., asked if he gave chloroform?

DR. McDONALD replied that he first applied the forceps, then chloroformed, and then delivered.

#### AFTERNOON SESSION.

The afternoon session was entirely devoted to the election of

#### OFFICERS FOR THE ENSUING YEAR,

which resulted as follows:

*President.*—J. Edgar Chancellor, M.D., of Charlottesville.

*Vice-Presidents.*—Drs. S. B. Morrison, of Brownburg; P. K. Graybill, of Amsterdam; Bradford Brown, of Alexandria; Samuel K. Jackson, of Norfolk; J. M. Estill, of Tazewell C. H., and Thos. J. Pretlow, of Jerusalem.

*Recording Secretary.*—Dr. Robert G. Cabell, Jr., of Richmond.

*Corresponding Secretary.*—Dr. Hugh M. Taylor, of Richmond.

*Treasurer.*—Dr. Richard T. Styll, of Richmond.



**Executive Committee.**—Drs. W. W. Parker, of Richmond, Chairman, and Honorary Fellows, Harvey Black, F. D. Cunningham, J. Herbert Claiborne, and Samuel C. Gleaves.

**Committee on Nominations.**—Drs. Geo. Wm. Pollard, of Aylett's; Lewis Wheat, J. Philip Slaughter, Wm. D. Hooper, and Hugh T. Nelson.

**Committee on Publications:** Drs. E. T. Robinson, C. W. P. Brock, and George Ross, all of Richmond.

#### EVENING SESSION.

DR. THOS. J. RIDDELL, of Richmond, Va., moved that the Committee on Publications be instructed to have the forthcoming volume of *Transactions* published separately for any medical journal.

DR. L. B. EDWARDS, in seconding the motion, took occasion to speak commendably of the *Atlantic Journal of Medicine*, edited by two members of this Society. Carried.

Under the call for scientific papers, etc., DR. THOS. H. HOWARD, of Floyd C. H., exhibited a vial containing

#### ELEVEN HUNDRED FRAGMENTS OF BONES WHICH HE HAD REMOVED FROM THE EAR

of a woman aged 46 years. She had dreamed some years before that when eleven hundred pieces were removed, she would pass no more fragments. He thought it probable that they were the result of a fracture of the external plate of the skull. He stated that the time occupied in removing the fragments was four years.

The general sentiment of members of the Society who examined the fragments was that many of them were not bones belonging to the human race, and that it was a case of deception by a hysterical patient.

DR. M. G. ELLZEY, of Washington, D.C., presented a volunteer paper on the

#### THERAPEUTIC VALUE OF THE RAWLEY SPRINGS, VA.

He stated that the Rawley water is an alkaline chalybeate, the iron existing as carbonate of the protoxide, held in perfect solution by excess of carbonic acid, with which the water is supersaturated as it escapes at the fountain. No other water containing iron in this form is known elsewhere in America; but the Rawley water is nearly identical with the celebrated waters of Spa, Schwalbach, and Funbridge Wells. An analysis of the water by Prof. J. W. Mallet was given, and from the analysis the therapeutic uses of the water may be deduced. The springs are delightfully situated in the midst of the North Mountains, near Harrisonburg, in Rockingham County, Va. The summer climate of the Appalachian hills of Virginia is nowhere surpassed in the entire world. Rawley water is a prompt and most efficient diuretic, closely resembling in the character of its alkaline ingredients the celebrated Buffalo lithia water. From its supersaturation with carbonic acid, it acts like champagne in quieting the vomitings of hysteria, pregnancy, and chronic debauch, and for anæmia and impoverishment of the blood, from whatever cause, in all ages and both sexes, it surpasses in efficacy every preparation of the apothecary.

DR. L. B. EDWARDS moved to refer all papers thus far read to the Committee on Publication. Carried. Adjourned.

#### THURSDAY, SEPTEMBER 6TH, THIRD DAY.

##### MORNING SESSION.

After the routine work of registering, reading minutes of the preceding day, etc., invitations to places in which to hold the next annual session were presented.

On motion of DR. W. W. PARKER, Rawley Springs, Va., was selected as the

#### PLACE OF THE NEXT ANNUAL MEETING,

in acceptance of the invitation from the Springs Company, who promise to make no hotel charge to doctors and fraternal delegates who may visit the session.

#### THE TREASURER'S REPORT.

THE TREASURER, DR. L. B. EDWARDS, presented his report, which showed a balance of \$39 to the Society's credit, and without any outstanding indebtedness. Upon his motion, an auditing committee was appointed by the President, to examine into his accounts and report as early as practicable.

#### THE REPORT OF THE RECORDING SECRETARY.

DR. EDWARDS, as the retiring Recording Secretary, also presented a report, showing that with all the resignations, deaths, members dropped from register, etc., the total membership this year had increased to over 450.

Under calls for papers from fraternal delegates, DR. JULIAN J. CHISOLM, of Baltimore, fraternal delegate from the Medico-Chirurgical Faculty of Maryland, read one on

#### HOW TO REMOVE FOREIGN BODIES FROM THE EAR.

He alluded to a common error of belief among the laity, that the ear opens directly into the brain. He mentioned a large number of the foreign bodies that may enter the ear cavity, and described the form of the cavity itself. After suggesting that the physician should always examine for himself to see that a foreign body is really in the ear, and to discover its nature, he referred to the method of examining the cavity by means of a speculum, a reflecting mirror, and a good light, etc., he cautioned against mistaking certain natural conformations for foreign bodies. He then remarked that, usually speaking, certain foreign bodies may remain indefinitely in the ear without injury, and in many cases without inconvenience. To remove an insect, necessarily an air-breathing animal, he recommended to drop in the ear some bland olive oil, which speedily destroys its life, and to follow this up by the use of the ear-syringe with warm water, and the foreign body will soon be washed out. He cautioned against the use of forceps by the inexperienced physician. The true object of his paper was to urge upon physicians the use of the ear-syringe, and a stream of warm water as the all sufficient means for removing foreign bodies from the auditory meatus. "I have never seen a case of foreign body in the ear, not tampered with by others, that I have failed to extract by the syringe." It is in the *persistent* use of this simple and innocent means that the object is finally attained. The syringe should hold from one to two ounces, and be easily worked by one hand. If the foreign body be vegetable in kind, use alcohol instead of water, as alcohol has the power of shrinking vegetable matter swollen by moisture. First, cleanse the ear of all purulent secretions, then fill the aural passage with alcohol, inserting a plug of cotton at the external meatus to prevent its escape. It can do no harm to let it remain there all night. After the soft seed in the ear has been shrunken by soaking in alcohol, its removal by the stream of water will be much expedited. When the necessity arises for the removal of a foreign body, and when these means fail of success, it is safer to send the patient to a specialist who is at least apt to be more dextrous in the use of ear instruments than the general practitioner.

DR. J. ST. PIERRE GIBSON, of Staunton, Va., exhibited

#### SUSPENSORY-EXTENSION SPLINTS

for fractures of the upper and lower extremities, illustrating their application by "putting up" a man who

acted as a patient. The name of the splints indicates the principles upon which they act.

#### PLASTIC SURGERY OF THE FACE.

DR. L. McLANE TIFFANY, a delegate from the Medical and Chirurgical Faculty of Maryland, presented a paper on this subject. He made no attempt to treat the subject exhaustively, but considered the general principles only. The subject was divided into three heads: 1st. Measures for the restoration of parts congenitally at fault, either by excess or deficiency. 2d. Measures for the restoration of parts deficient in consequence of accident or disease. 3d. Measures for the correction of deformity due to cicatricial contraction, a class usually associated with the preceding. The first class differed from the others in several respects, principally because the edges of the deficiency were healthy, and because similar deformities being often seen, opportunity was afforded for perfecting operative measures. The latter two classes comprised cases in which much scar-tissue was an essential element, and differed greatly the one from the other in locality and shape, similar lesions being very rarely seen. The anatomical composition of the face was alluded to, attention being directed to the great mobility of the features.

To remedy a deficiency comprised,

1. Obtaining a piece of tissue to fill the vacancy and preparing its bed.

2. Putting it in position and nourishing it.

3. Filling the vacancy resulting from transfer.

4. Ultimate result as regards usefulness and appearance. Skin similar to lost skin should be always sought for; scar-tissue was to be rigorously excluded, and a flap taken much larger than the space to be filled. Primary union was to be attempted; this failing, union by granulation was to be sought for. Incisions should follow natural furrows, and be out of sight when possible. The flap was to have a broad pedicle without twisting if possible. Packard's suggestion of cutting skin obliquely was referred to favorably. Hemorrhage was to be arrested by hot water and pressure. Granulating surfaces were to be dressed with iodoform and cotton. Quill suture is to be used, passed very deeply, and edges lightly held together by fine wire. Operations should be preceded by an injection of morphia under the skin. Preparatory treatment is generally required.

In operations about the mouth (inside), the patient should lie supine, the face towards a window, horizontal, and the thorax projecting beyond the table supported by assistants at each shoulder, so as to allow the blood to flow from the mouth and not towards the larynx.

#### DEFLECTION OF THE NASAL SEPTUM AND ITS TREATMENT.

DR. JOHN N. MACKENZIE, a delegate from the Medico-Chirurgical Faculty of Maryland, of Baltimore, after some preliminary remarks on nasal obstruction, and the unsatisfactory manner in which the subject of deflection of the septum had been heretofore treated, proceeded to comment on the frequency of the deformity, the dependence of the form of the external nose upon corresponding peculiarities in the septum, and the influence of national custom in the production of asymmetrical conditions of the cartilage. Deflection is most frequently observed in youth and manhood, is more common in males, and occurs as the result of the changes in the skeleton of the face that accompany the processes of old age. Attention was called to an inherited proclivity to deflection. The deflection may be congenital or acquired; in the latter case it may result from traumatism, or occur as the sequel of a pathological process. He laid special stress upon asymmetrical conditions of the nasal fossæ as a cause of septal de-

flexion, and the possibility of the occurrence of the accident during difficult parturition. The frequent introduction of the finger into the nose, and the cleansing of the organ with the hand were next commented on. Tumors of the nasal and accessory cavities, hypertrophied states of the turbinated bodies, etc., diathetic diseases (rickets, syphilis, osteomalacia, etc.) were also given as causes of deflection, and as a matter of historical interest, the theories of Quernmalzius were referred to. Dr. Mackenzie then gave a detailed and minute account of the anatomical part of his subject, and a description of the different varieties of the malformation based upon his anatomical and clinical observation. He insisted upon the influence of the deformity in the production of throat and middle-ear disease, and indicated the pathological processes which follow as the natural results of the deflection. In connection with this part of the subject, he called attention to the production of throat and aural disease through the reflex agency of the vaso-motor and trophic nerves, the primary irritation originating in the turbinated tissues of the nose, and probably from the reflex sensitive area which he had shown to exist in these organs. Passing from diagnosis to treatment, the rational management of the case will vary with the nature and situation of the deflection. The operations with the galvano-cautery, knife, snare, resection, Adams' operation and its modification, the procedure of Blandin, the removal of portions of the septum with the revolving burr of the dental engine and the metacarpal saw, and the suggestion of Dr. Delavan to remove the middle turbinated bone of the unobstructed nostril were commented upon, and their relative merits discussed. The operation generally known as "Steele's," viz., triangular division of the cartilage, Dr. Mackenzie showed to have been performed by Dr. Jas. Bolton, of Richmond, eleven years before the appearance of Steele's article. He thought, therefore, that the operation should be known as "Bolton's," and Steele's procedure as a modification of the Bolton operation. To retain the septum in position after operation, Dr. Mackenzie suggested the use of rubber bags introduced into the nostrils and inflated, as less liable than other forms of plugs to produce irritation, and as a means of securing uniform pressure. These bags can be mounted on a central canula, after the manner of the well-known rubber tampon for epistaxis. In certain cases of deflection of the bony septum, he recommended as a substitute for operation on the septum itself, removal of the turbinated bone of the obstructed nostril, and related a case where he had successfully performed the operation.

A vote of thanks was given to each of the three visiting delegates for their instructive papers, copies of which were requested for publication.

DR. JOSEPH A. WHITE, of Richmond, Va., exhibited some *Instruments for Use in Deflected Nasal Septum*; also a specimen of a *Foreign Body Removed from a Patient's Nose*.

The Auditing Committee reported that the

#### ACCOUNTS OF THE TREASURER

were correct, and upon their motion \$25 were voted to reimburse, in part, Dr. Edwards for advances he has made for the Society's interests.

After the installation of the newly elected officers, DR. SAMUEL K. JACKSON, of Norfolk, Va., read his

#### REPORT ON PRACTICE.

After alluding to the reproach "That there is so little certainty in the practice of medicine as to allow the proverbial differences of opinion between practitioners," he announced as the subject of his paper, "The advances that have been made towards securing a true scientific basis."

Though Prof. Huxley has dated the rise of medicine back through some eighty generations, scientific medicine can hardly be traced further back than the discovery of oxygen. This is the true era, which occurred but a little while before the career of the oldest among us. So that it has all been built up in our very life-time. Before that but few of the functions of the animal economy could be understood. Physiology could make but little progress until the development of the fundamental science of chemistry.

The new theory of evolution has done much by informing us how our growth and development has been affected by our surroundings, and the young science of biology has conferred a great benefit by showing how diseases are occasioned by organisms which prey upon living beings, as well as the conditions favoring the attacks of these predatory parasites, and also the necessity, as well as the means, of destroying them. It also has shown us how nature attempts to preserve the health and life of both animals and plants by excreting the products of parasitic life, and also by providing ingredients poisonous to the parasites. In this way plants furnish us with some of our most valuable germicides, and a careful and extended study of them may furnish us with other, and, may be, still more valuable and destructive means than any we now possess. Though quinine is the most valuable antidote we yet know of, for the malarial poison, that it is the only one or the most efficacious one to be found in nature, is preposterous, or that it is the only germicide equally powerful in all zymotic diseases is unphilosophical in the extreme.

We have reached the point now where it has become necessary to study the minute differences between germicides to ascertain precisely which are most efficacious in the various diseases of parasitic origin. Thus by the germ-theory of disease, the whole treatment of zymotic diseases has been revolutionized.

Before these recent discoveries we unconsciously made use of some germicides without knowing how they proved efficacious. Mercury had long been used for the destruction of epizoa, but when we administered it internally, it was never supposed that it was for the purpose of destroying entozoa. We can now understand its power in the suppurative processes. The use of this valuable agent was one of those stumbling blocks on the truth, of which we have many examples. In selecting our germicides we are furnished with a key by Mr. Law, which, as far as is known, he was the first to enunciate on this floor, viz., that "no organism can live in its own excreta, that the products of its life-processes become poisonous to it, stop its ravages and destroy its life." If this be true, we have only to saturate it with its own exhalations. We know how efficacious this is when carbonic acid is the exhalation; when it is alcohol; when it is ammonia, as in typhoid fever; when it is sulphuretted hydrogen, as in some cases of indigestion. The examples might be multiplied indefinitely.

He announced it as his belief that it is only as a germicide, an antidote, that we use quinine, without any reference to its therapeutical or physiological powers; that these, about which there is such difference of opinion, are ignored and disregarded, and we use it in any condition of the system in spite of them.

The time devoted to the zymotic phase of the subject prevented an extended notice of the treatment of diseases due to a chemical fault, the results of which are as certain as chemical reactions themselves. He considered that a great advance had been made by Koch's discovery of the bacillus tuberculosis, notwithstanding the efforts of Dr. H. F. Formad, of the University of Pennsylvania, to disparage them. We have many formations analogous to the tubercle among animals

as well as among plants of undoubted parasitic origin, which renders it highly probable that this abnormal formation is due to a like cause.

We already begin to see results from these advances, in the interest manifested in sanitary science, in State medicine, in the establishment of health boards, in the stamping out of epidemics, or in depriving them of their virulence, in the lessening of disease, and, finally, in diminishing death-rate.

Though some striking figures could be furnished from private practice to substantiate these assertions, for fear of a misinterpretation of motive they will not be produced, but only those furnished by the army and navy will be made use of for this purpose.

In the army the numbers on the sick-list diminished from 18.63 to the thousand of mean strength in the year 1871, to 15.13 in the year 1881 (white troops). In the whole army, both white and colored, from 18.04 in the year 1871, to 15.36 in the year 1881.

The number of deaths from disease, per thousand cases treated, declined from 6.78 in 1871, and 7.22 in 1872, to 4.32 in 1881, being as low as 3.75 and 3.97 (colored) in 1877.

The number of deaths per thousand of mean strength declined from 12.13 in 1871 to 6.64 in 1881, about one-half. Though the navy reports do not show such a decline in the number of cases treated, they show equally as favorable results in the cases actually treated.

In the year 1875 there were 627 cases treated to 1000 men

" 1876	" 561	" " "
" 1877	" 687	" " "
" 1878	" 702	" " "
" 1879	no report	" " "
" 1880	there were 990.87	" " "

In the year 1875 there were 3.84 deaths to 1000 men

" 1876	" 2.51	" " "
" 1877	" 2.35	" " "
" 1878	" 4.61	" " "
" 1880	" 2.94	" " "

Deaths to the one thousand cases treated declined from 6.11 in 1875, to 2.74 in 1880.

The city of Norfolk furnishes further proof of the value of medical practice, by the diminution of the death-rate after the restoration of an appropriation for medicines for the poor, which had been withdrawn for three years, which, as a consequence, were three years of very heavy mortality. During those three years the work of the irregular practitioners was very much increased, as they supplied their own medicines. Their losses were enormous, notably in cholera infantum and diphtheria.

We conclude, then, that we are not spending our energies on the baseless fabric of a vision, that we are not imposing upon the public a myth, the product of a distempered brain, but that the noble art to which we are devoting our time, our talents, and our energies, is the outcome of a sound philosophy built upon sciences, the principles of which have been evolved by the highest modern cultivated intellects.

#### AFTERNOON SESSION.

DR. WM. D. COOPER, of Morrisville, Va., the retiring president, was duly elected an

#### HONORARY FELLOW OF THE SOCIETY.

DR. WM. C. DABNEY, of Charlottesville, Va., read a paper entitled

#### THE PRESENT ASPECT OF THE BACILLUS TUBERCULOSIS QUESTION.

He reminded his hearers that bacilli have been found in many other places than in tuberculous cavities. His conclusions may be summarized as follows:

1. The bacilli observed by Koch in the sputa and



tissues of tubercular patients, and considered by him the essential cause of tuberculosis, are not peculiar to this disease, but are found in a number of other diseased conditions, and even in some of the discharges of healthy persons.

2. It is probable that they make their appearance in the caseous masses subsequent to their formation, these masses furnishing a suitable soil for their growth and multiplication.

3. Experiments made with "indifferent substances," and the still stronger evidence furnished by the experience at the Brompton Hospital, render it highly probable that the bacilli are not the primary and essential cause of the disease.

4. The inoculation-experiments of Koch are not conclusive, because they were made chiefly on animals in which any irritant is liable to set up a caseous inflammation, the caseous matter thus formed furnishing a suitable nidus for the development and growth of bacilli, and being capable of producing tuberculosis by inoculation (whether owing to the presence of bacilli or not is unknown as yet).

5. It is probable that the presence of the bacilli in the lungs, or rather, diseased organs, may hasten the advance of the morbid process.

DR. CHAS. M. SHIELDS, of Richmond, then presented his report on the

#### ADVANCES IN OPHTHALMOLOGY, OTOTOLOGY, AND LARYNGOLOGY,

of which the following is an abstract.

The relation of diseases of the general system to some forms of eye trouble was first considered, mention being made of the several forms of choroidal trouble due to uterine disease; of malarial hemeralopia, and the effects of pernicious anæmia on the retina. In the progress of the physiology and anatomy of the eye, the amount of albumen in the aqueous was stated to be .03; and attention called to the discovery by Giacomini of cartilage in the semilunar folds of the negro, and its absence in the white race. In connection with the subject of *sympathetic ophthalmia*, he alluded to the investigations of Krause, who found that in eyes in which neurotomy had been performed, the cornea again became sensitive, and the ciliary nerves reunited; from which he drew the conclusion that unless patients could be kept under occasional observation, enucleation should be performed instead of neurotomy, when circumstances called for one or the other.

*Trituration of the cortex* of the lens, to hasten the development of cataract, was found successful by Förster, of Europe, and Mettenhof and others of this country, it being performed by kneading the lens by pressure on the cornea with a cataract-spoon after an iridectomy, and while the anterior chamber was empty. The recently suggested use of eserine in iritis was favorably commented on, *i. e.*, to employ it to reduce the vascularity of the iris, while mydriasis was still kept up with atropine. He favored its use, too, in episcleritis. The method of M. Badal of stretching the external nasal nerve in the treatment of glaucoma was mentioned, as was eserine also, but the advice was given of keeping the patient under observation after the use of either, and to resort to iridectomy at first if the patient could not be occasionally seen. Eserine has proved useful in hemeralopia, peripheral ulceration of the cornea, and hydrophthalmus. The use of the *electro-magnet* in removing foreign bodies from the vitreous and lens was referred to, and the employment of galvano-puncture in detachment of the retina. *Jequirity* has been found useful in granular lids, in the form of an infusion; 32 of the powdered seeds are added to 1000 grammes of water. The infusion, when painted on the lids, produces a mild form of purulent

ophthalmia. On the healing of this, the granulations are usually found to be cured. He exhibited some samples of this agent. *Hydrobromate of homatropine* was advised for dilating the pupil for ophthalmoscopic purposes, its effects lasting for a shorter time than any of the other mydriatics. Nitrite of amyl in quinine amaurosis, boracic acid in granular lids, and iodoform in croupous conjunctivitis were mentioned.

Taking up *Otology and Laryngology* he referred favorably to the use of sulphide of calcium in otitis externa and furuncles of the meatus, also in mastoid disease. A *résumé* of an interesting report by Dr. E. Weil, of Stuttgart, showed a much larger percentage of school-children affected with ear disease than was generally supposed to be the case. Speaking of the methods of removing foreign bodies from the ear, he said that over eighty per cent. could be removed with the syringe, and if swollen, the addition of alcohol would cause them to contract. If the syringe fails, then the blunt hook or forceps are to be used under good illumination. A case of transient poisoning from the instillation of a solution of atropine in a healthy ear for ear-ache was reported. The "dry method" of treating otorrhœa was considered and mention was made of the use of the finger in the diagnosis of post-nasal disease. In post-nasal and nasal catarrh he advocated the use of insufflations of nitrate of silver and calcined magnesia, as suggested by Schalle; the proportions 1 to 15, 1 to 10, and 1 to 6 being the most useful. Most cases of catarrh are benefited by using purified lamb's wool in the nostrils to prevent cold air, dust, etc., from coming in contact with the diseased surfaces. In hypertrophic nasal catarrh, he considered nearly all treatment unavailing, unless the thickened tissue is removed with Jarvis' snare or the galvano-cautery.

(To be concluded.)

#### CANADA MEDICAL ASSOCIATION.

*Sixteenth Annual Meeting, held at Kingston, Ontario, September 5, 6, and 7, 1883.*

(Specially reported for THE MEDICAL NEWS.)

KINGSTON, the old capital of Canada, offers certain advantages for the meeting of a medical association. Though a town of only sixteen thousand inhabitants, the profession comprises men of considerable energy and ability. For thirty years it has been the seat of a medical school—the Royal College of Physicians and Surgeons—which is in affiliation with Queen's University. There are two hospitals: the general, a Protestant, and the Hôtel Dieu, a Catholic institution. The Provincial penitentiary is situated here, and has about six hundred inmates, and there is a large asylum for the insane, with five hundred patients. Queen's University, the Presbyterian college of Canada, is a well-endowed institution, with about two hundred students. The Military College of Canada is also here. Situated at the east end of Lake Ontario, close to the Thousand Islands, the city is unusually well placed for excursions, etc.

#### SEPTEMBER 5TH, FIRST DAY.—MORNING SESSION.

##### GENERAL MEETING.

The meeting was called to order by the PRESIDENT, DR. JOHN MULLIN, of Hamilton, Ont., and the Association was warmly welcomed by the Mayor on behalf of the citizens, and by Dr. Sullivan on behalf of the profession.

Dr. Hunt, of the Asylum for the Insane at Pontiac, Mich., Prof. McLean, of Ann Arbor, Mich., Dr. Walker, of Detroit, delegate from the American Medical Association, and Dr. Dorland, of Milwaukee,

delegate from the Wisconsin State Medical Society, were invited to the platform.

After the reading of minutes and election of members, the reports of committees were then taken up.

DR. CANNIFF, of Toronto, as Chairman of the

#### SPECIAL COMMITTEE ON VITAL STATISTICS,

reported that the committee had never held any meeting, and that he had been frustrated in his efforts to secure a grant from the Dominion Government for the collection of vital statistics. He read letters showing that this had been caused by Dr. Larocque, Dr. Playter, and others calling a convention at Ottawa and forming a separate society, for which they succeeded in getting a grant from the Government.

DRS. PLAYTER and LAROCQUE explained their connection with the convention referred to, and showed that the matter was entirely an oversight. They were under the impression that the special committee of which Dr. Canniff was president had ceased to exist after last year's meeting.

DR. LAROCQUE, of Montreal, read a most exhaustive report from the

#### COMMITTEE ON CLIMATOLOGY AND PUBLIC HEALTH,

which was received.

DR. OLDRIGHT noted two or three points which he thought should be discussed. The first of these was the subject of local boards of health. He thought the efforts of the Association should be used to have these established in all parts of the Dominion by the various Provincial governments. Other important subjects were the reporting of contagious diseases to the authorities and the licensing of plumbers. He thought, also, that the removal of sanitary legislation from the Provincial to the Federal government, as recommended by the report, would be a mistake. There was sufficient work for both. The Dominion government should attend to such subjects as adulteration of food, immigration, and commerce and manufactures.

DR. YEOMANS remarked that a systematic report of contagious diseases was furnished to all the schools of Hamilton, by means of which the mortality among the school-children had been reduced and the attendance at the schools increased.

A vote of thanks was tendered to Dr. Larocque for his able report.

DRS. BOTSFORD, G. E. Fenwick, Grant, Graham, Rogers, Bray, Worthington, Malloch, Gliver, Eye, Sweetland, Canniff, Oldwright, and the President were appointed a

#### SPECIAL COMMITTEE ON NOMINATIONS.

DR. METCALF extended an invitation to the members to make a

#### VISIT TO THE ASYLUM

at their convenience, after which the meeting adjourned to meet at 2 P. M.

#### AFTERNOON SESSION.

The afternoon session opened at 2.30, and the first business was

#### THE PRESIDENT'S ADDRESS,

in which DR. MULLIN briefly returned thanks for the honor which had been conferred upon him, and then referred to the presence of both old and young physicians. They were both welcome, especially the former, whose attendance showed that their eyes were not dim, nor their natural forces abated. A brief allusion was made to the death of Dr. David, of Montreal, late Secretary of the Association. It had been remarked that

the itinerancy of the Association had been opposed to its usefulness and jeopardized its existence, yet every meeting gave increased confidence in its success. All who attended its sessions recognized the advantages derived from every place where it had met. Each had given its special contribution to the success of the Association, and in each place it had elicited the cordial support of the profession. We look for continued success when we reflect on the standing of the profession in this vicinity, and remember that we have come to an important centre of education and culture. Every member of this Association gladly recognizes that the institutions of this city remain worthy of the history of Eastern Ontario, and exercise their influence over the youth of the present with increased vigor, corresponding to the growth of our country. He said that the importance of the annual meeting could not be over-estimated. Each of the medical societies had its spheres of usefulness; the country, city, and provincial associations could do work that would advance the interest and knowledge of the members of the profession, but the highest and best results may be attained by the Association gathering to it each year the members of the profession from all parts of the Dominion, who in the discussions would reflect the progress they were able to make. All cordially agreed with the remarks made by the president of the Ontario Medical Association at its late meeting, who referred to the relationship of the various local societies to the Dominion Association, and indicated that while each worked in its own sphere, all should coöperate and endeavor to promote the work of the Dominion Association. The speaker said he would not attempt even a slight sketch of the work of the past year, but would confine himself to one subject—the agencies through which the decomposition of organic substance was effected. As practitioners of medicine all must recognize that while chemical affinities might and do play their part, the decompositions referred to were attended with and seemed to be dependent upon the growth and development of vegetable forms. He referred to the several experiments that had been made in support of this theory. He concluded by saying: "Our knowledge at present is in accordance with that long since found true, that as regards contagious fevers and tubercular diseases our efforts must depend to a great extent on our success in teaching the public to rely less upon antidotes and more upon those means which tend to build up strong frames capable of withstanding the agencies causing disease; that our main hope of lessening the mortality from these diseases lies in the carrying out by the public of proper sanitary measures, and, as regards the individual, attention to the laws of health."

#### MEDICAL SECTION.

DR. GRAHAM, of Toronto, in the chair.

#### DIET AS A THERAPEUTIC AGENT.

DR. PLAYTER, of Toronto, urged the necessity and importance of proper diet in acute and chronic maladies, and spoke of the ailments induced by the habitual consumption of an excess of food.

In the remarks which followed, DR. REEVE, of Toronto, stated that he believed that many cases of phlyctenular ophthalmia in children were caused by over-eating of fresh fruit. He had known instances in which fruit had been given in considerable amount to sucklings.

DR. GRAHAM referred to the important influence of food in skin affections; many acute attacks depend upon peculiar sorts of food, while many chronic maladies may be produced by either a defective or excessive diet.

## INVAGINATED AND GANGRENOUS BOWEL.

DR. SHEARD, of Toronto, presented the specimen, and read notes of the case. The specimen showed eight or nine inches of the ileum invaginated in the colon and gangrenous. The patient, a man, aged thirty-seven, had a right inguinal hernia, which became strangulated, and was reduced, but without the cessation of the prominent symptoms. A tumor appeared in the right iliac region, and Dr. Burns opened the abdomen, when the condition above described was discovered. The hernia was omental, and apparently had had nothing to do with the intussusception. The man died shortly after the operation.

## INFLATION OF THE LUNGS BY ABDOMINAL AND THORACIC TRACTION.

DR. BOTSFORD, of St. Johns, N. B., described the method which he believed might be of some service in cases of suspended breathing in drowning, during anaesthesia, or in new-born children. By means of pieces of plaster, four by four inches, fitted with rubber rings, and applied on the abdomen or lower thorax, traction could be made in such a way as to draw down the diaphragm. The doctor had not had an opportunity of trying his method, but he thought the suggestion might be of some value.

DR. BURNHAM, of Toronto, late House Surgeon at the Royal London Ophthalmic Hospital, stated that in that institution they had had no deaths from anaesthetics for six or seven years, though, of course, among the very large number anaesthetized every year many cases occurred in which methods of resuscitation had to be employed. In a case of danger one assistant straddled the patient and exerted pressure on the abdomen, while a second performed artificial respiration with the arms. Inhalation of amyl nitrite was employed, and believed to be of the greatest value.

## SUCCESSIVE DROPSIES OF THE AMNION, ALWAYS SPECIFIC.

DR. DORLAND, of Milwaukee, Wis., presented the report of six cases in which, in successive pregnancies, the amount of liquor amnii was in great excess, and in all evidence of syphilis could be obtained. In several of the cases specific treatment seemed to be successful in preventing the condition, which had occurred in previous pregnancies. The cases were given in detail, and the doctor had had the patients under observation for some years, all of them having occurred in family practice.

In the discussion which followed, Dr. Mullin narrated a case in which, with a syphilitic child, the amount of liquor amnii was very large. Dr. Yeomans and others mentioned instances in which there was no suspicion of syphilis.

## MEDICAL ETHICS.

DR. DUPIUS, of Kingston, read a paper on the *Relation of Medical Men to Each Other, and to Each Others Patients*, which was largely a plea for free trade in medicine.

Dr. Harrison, of Selkirk, Dr. Canniff, of Toronto, and Drs. McCannon and Oliver, of Kingston, repudiated warmly the opinions expressed by Dr. Dupius, and there appeared to be a very general feeling that a mistake had been made in permitting such a communication to come before the Society.

## HYOSCYAMINE IN THE TREATMENT OF MENTAL DISEASES.

The results of six years' experience with the drug were given by DR. METCALF, of the Kingston Asylum. Of the two preparations of Merck, the crystalline was preferred. The dose given was from one-twelfth to one-eighth of a grain, hypodermically. Two great advantages were promptitude and certainty. In sixty patients treated in all forms, no ill-effects had followed, and very many were benefited. One full dose was usually given daily; if after a few doses no benefit followed, the use of the drug was discontinued. In some forms recovery appeared to follow; six cases of severe mania were all benefited, and it seemed advantageous in all forms of maniacal excitement.

DR. HURD, of Pontiac, Mich., had little to add to Dr. Metcalf's experience. The drug appeared to change the mental action. Intoxication may be produced. He had found particular benefit in cases of melancholia with persistent refusal of food. It appeared to change the delusion on which the refusal depends. In these cases he gave small doses of one-twenty-fourth to one-forty-eighth of a grain. In one patient choreiform movements appeared, ceased with the interruption of the medicine, and reappeared when again administered. It seemed to increase the appetite, and the patients often awoke hungry. It should never be given in large doses where there is any fatty degeneration of the heart.

DR. DANIEL CLARKE, of the Toronto Asylum, thought that the drug should be more widely used by general practitioners in cases of delirium tremens, acute mania, and melancholia with suicidal tendency. He used Merck's preparation, and also the tincture (B. P.), not in the ordinary doses, but as much as one and a half ounces. He had found the greatest benefit in sthenic mania, and if it is to do good, two or three doses will suffice.

DR. THORBURN, of Toronto, suggested caution in the use of such doses of the tincture as recommended by Dr. Clarke. He had a lively remembrance of the introduction by Jones, of Jersey, of large doses of digitalis in delirium tremens. He gave two instances in which a fatal result had apparently been caused by large doses of this medicine.

DR. TROUTMAN, of New York, had had much experience, and placed great reliance on the drug. It is contra-indicated in acute delirium with dryness of tongue and muscular tremors. It is also injurious in general paresis with much excitement.

## LEPROSY IN NEW BRUNSWICK.

DR. GRAHAM, of Toronto, read an exhaustive paper based on a study of the leper settlement at Tracadie, N. B. The region in which the disease appears has about two thousand inhabitants, chiefly French-Canadians, who live on small farms, and also engage in fishing and hunting. The diet is mainly fish, potatoes, and bread, with but little meat. They are partial to stale fish, preferring it to fresh. Large families live in small rooms. He had made a thorough investigation into the family history of the various sufferers, and presented interesting genealogical charts. At present there are only twenty-four patients in the Lazaretto, and the average length of residence is five years. A few cases are at large, and it is chiefly through the influence of the priests that they are detected and secluded. Dr. Graham's conclusions are as follows:

1. Although it has been shown in other countries that the disease can be propagated purely by hereditary influences, no case has yet been recorded in Tracadie, so far as he could learn, which would prove that theory.

2. That the disease was imported from without, and, finding favorable surroundings, it spread from one to another by contagion. In order to contract the disease, certain conditions appear necessary: (a) low state of the system. It has been noticed in Tracadie that persons die from very slight ailments and that there is very little power of resisting disease. (b) To belong to certain race or family. The Le Bretons



among the Tracadie families entirely escaped. (c) Lengthened and intimate contact with leprosy persons with frequent opportunities for inoculation.

**SURGICAL SECTION.**

DR. TYE, of Chatham, Ont., in the Chair.

**IMPERFORATE ANUS WITH FECAL FISTULA.**

DR. FENWICK, of Montreal, narrated the case, which was that of a man admitted to the General Hospital with a remarkable malformation of the lower bowel. There was a small opening at the site of the anus, and another at the root of the penis, just in front of the scrotum. The orifice in the perineum was the result of an operation for imperforate anus shortly after birth. The canal in the perineum leading from the rectum appeared like a direct continuation of the bowel. The case was a very unusual one, and it was decided to close the perineal canal, which was done without much difficulty. Prof. McLean, Drs. Walker, Holmes, and Bethune took part in the discussion.

**RETROVERSION AND RETROFLEXION OF THE UTERUS.**

DR. WORTHINGTON, of Clinton, read a paper on four interesting cases. A prolonged discussion followed on the best modes of treatment, Drs. Gardner, Holmes, Tye, Fulton, and Hingston taking part.

**FEMORAL HERNIA.**

DR. CAMPBELL, of Seaforth, Ont., read the notes of a case of femoral hernia in which he had operated successfully after three and a half days' duration of the symptoms.

**PARACENTESIS PERICARDII.**

DR. McDONALD, of Londonderry, N. B., reported a case in which over twenty ounces of pus were removed from the pericardium and recovery took place.

**EXPERIMENTS ON RESECTION OF THE BOWEL.**

DR. JAMES BELL, of the General Hospital, Montreal, gave the results of a series of experiments in which he had removed portions of the bowel in dogs, the length of the pieces ranging from a few inches to a foot and a half or two feet. In almost every instance the animal recovered perfectly, and when killed at a later period perfect union was found with no narrowing of the calibre of the gut. A series of specimens illustrating the experiments was shown, and the paper concluded with a description of cases which the writer had observed in which abdominal section and removal of portion of the bowel would have been justifiable.

THURSDAY, SEPTEMBER 6TH, SECOND DAY.

**MORNING SESSION.**

**GENERAL MEETING, 10 A.M.**

After the reading of the minutes, DR. FULTON, of Toronto, read the

**REPORT OF THE COMMITTEE ON NECROLOGY,**

and gave a list of thirty-seven members of the profession who had died since the meeting in Toronto last year.

DR. THORBURN, of Toronto, presented the

**REPORT ON EDUCATION,**

and referred more particularly to the establishment of schools of medicine for women in Toronto and Kingston. He congratulated the Province of New Brunswick on the steps which had been taken to advance the standard of education in that province by establishing a Medical Council and an Examining Board.

After the election of new members, the Association adjourned to the sections.

THE PRESIDENT announced that those gentlemen interested in sanitary matters would meet and organize a

**PUBLIC HEALTH SECTION,**

in order to consider the best ways of furthering the establishment of the proposed sanitary association.

**MEDICAL SECTION.**

DR. GRAHAM, in the chair.

**PIGMENTARY DEGENERATION OF THE RETINA.**

DR. TOBIN, of Halifax, N. S., gave an interesting case of four deaf-mutes in one family, all of whom presented characteristic symmetrical changes in the eyes in the form of scattered pigment masses on the retinae, often in stellate forms. The parents were cousins. A full account of the disease was given, and the cases supported the views of Liebreich and De Wecker, who believe that a considerable proportion of them occur as the result of consanguineous marriages. A fifth case was also described.

DR. BUTLER, of Montreal, had seen very many instances of the kind, and had never succeeded in tracing any connection between consanguinity and pigmentary degeneration; nor had he been more fortunate in trying to associate, as done by some writers, these cases with hereditary syphilis.

**GENERAL HYDRARTHROSIS OF THE SMALLER JOINTS.**

DR. FIFE FOWLER, of Kingston, showed a child with enlargement of the smaller joints, wrists, ankles, and phalanges, due apparently to effusion. There had been enlargement of the spleen and the child had been out of sorts for many months.

**DR. MORTIMER GRANVILLE'S PERCUTEUR.**

DR. BURNHAM, of Toronto, showed the instrument and explained its mechanism. He had brought it from London for a relative affected with persistent tic, which had resisted all modes of treatment, but had apparently been cured by the use of the percuteur. About one hundred and fifty percussions were made in the second. Dr. Granville had found it very beneficial in neuralgias and the lightning pains of tabes.

**SOME POINTS IN CHRONIC BRIGHT'S DISEASE.**

DR. OSLER, of Montreal, referred: 1. To the fact that so many cases of chronic Bright's disease were unsuspected, and the physician was first called to see the patient with one of the grave manifestations, cerebral or otherwise; cases were given in illustration. 2. To some peculiarities in the onset of the uræmic symptoms; two cases were given; one in which violent mania ushered in the uræmic attack in a man in whom no kidney trouble had previously been suspected, and a second, a woman in whom pronounced hysterical symptoms preceded an attack of uræmic coma. 3. To the occurrence of fatal uræmic symptoms at a very early stage of renal cirrhosis, while indeed, the coarse appearances of the kidneys were fairly normal. Two instances were given of sudden and fatal uræmic symptoms in men—apparently healthy—and the condition of the kidneys was such that they would have passed a superficial inspection, but on microscopical examination changes were found in the form of atrophy of some of the tufts and slight epithelial alterations.

Dr. Graham spoke of the great importance of the sphygmograph in the diagnosis of these cases, and referred a remarkable instance of chronic Bright's disease in which, with pronounced uræmic symptoms and finally death, the amount of urea was not reduced.

## SURGICAL SECTION.

DR. TYE, of Chatham, in the Chair.

DR. HOLMES, of Chatham, read an interesting paper on *Erosions of the Female Urethra*, which was discussed by Drs. Fulton and Sheard.

DR. HINGSTON, of Montreal, showed to the Section a *note-book* which he had prepared for *ovarian and abdominal tumors*, and which he thought might be of some service.

DR. MAJOR, of Montreal, described the various *tumors* met with in the *naso-pharynx*, and the modes of removal. Several interesting specimens were shown.

DR. OLDRIGHT read the notes of a case of *Fibromyxoma of the Thigh*, and exhibited the specimen.

DR. POUNDFOOT, of Montreal, read an article on *Color-Blindness*, and exhibited Thomson's instrument.

## PUBLIC HEALTH SECTION.

A meeting of the health officers and others interested in sanitary matters was held to discuss the proposed Sanitary Association. DR. SWEETLAND, of Ottawa, was appointed Chairman, and DR. CAMPBELL, of Seaford, Ont., Secretary.

MR. BOXER, C.E., of Montreal, was invited to address the Section, and state what steps had been taken in the way of organization.

DR. OLDRIGHT moved, seconded by Dr. Robillard (Ottawa): "That in the opinion of this Section it is desirable that a Canadian Sanitary Association be formed for the purpose of assisting in the diffusion of information, and engaging in discussion regarding sanitary subjects, and to aid by its influence the various bodies which are or may be formed for introducing and carrying out sanitary measures among the people of the Dominion." Carried.

MR. BOXER then presented the scheme which had been framed for the establishment of a Public Health Association for the Dominion, and after discussion the meeting adjourned.

The afternoon and evening were spent in an excursion among the Thousand Islands.

FRIDAY, SEPT. 7TH, THIRD DAY.

## MORNING SESSION—GENERAL MEETING.

After the reading of the minutes, on motion of the Secretary, the papers of Drs. Buller, Workman, Brouse, and Gardner were taken as read.

DR. SAUNDERS, of Kingston, called the attention of the members to a remarkable case of *Tumor of Bones of the Skull* in a child in one of the ante-rooms.

The Nominating Committee reported the following list of

## OFFICERS FOR THE ENSUING YEAR:

*President*.—Dr. Sullivan, of Kingston, Ont.

*Vice-Presidents*.—Ontario, Dr. Thorburn, of Toronto; Quebec, Dr. Robillard, of Montreal; New Brunswick, Dr. Christie, of St. John; Nova Scotia, Dr. McDonald, of Londonderry; Manitoba, Dr. Lynch, of Winnipeg.

*General Secretary*.—Dr. Osler, of Montreal.

*Treasurer*.—Dr. Sheard, of Toronto.

Delegates were appointed to the American Medical and the American Public Health Associations.

Montreal was chosen as the *next place of meeting*, the date to be arranged by the President and Secretary in order to place it a few days before that of the British Association for the Advancement of Science, which meets in Montreal towards the end of August, 1884.

An invitation to meet in Winnipeg was received, but it was thought that in a year or two the means of communication would be better, and the members from the older Provinces could then get there with less inconvenience.

DR. BRISTOL, of Napanee, and DR. THORBURN, of Toronto, brought up the question of the *Standing of Militia Surgeons*, and moved a series of resolutions embodying changes which it was hoped the government would be able to effect.

The routine business was then transacted, after which the Association adjourned.

## PHILADELPHIA ACADEMY OF SURGERY.

*Stated Meeting, June 18, 1883.*

THE PRESIDENT, S. D. GROSS, M.D., LL.D., D.C.L., IN THE CHAIR.

DR. J. EWING MEARS presented a patient in whom

## COLLES' FRACTURE OF THE RADIUS

had been very satisfactorily treated with the splint devised by Dr. Coover, of Harrisburg.

Mr. D., about six months ago, while walking along the street, near Broad and Chestnut, slipped on the ice, threw out his hand to protect himself, as is usual, and sustained a fracture of the radius just above the lower extremity. He told me he distinctly heard the bone snap. After the fall he rolled over on his back. A few minutes later he came to my office with a friend, and on examining the arm I found the usual well-marked symptoms of fracture at the lower extremity of the radius. The silver-forked deformity was very distinct. I also detected a luxation of inter-articular fibro-cartilage. Making extension and counter-extension with a good deal of force, I reduced the fracture, and thought that I had reduced the luxation of the cartilage, but I think that there is some evidence that it was not entirely reduced at that time. I then applied a temporary splint, and on the day following applied the splint which I now show, and which is, no doubt, familiar to the Fellows of the Academy.

I use this splint because it seems to especially fulfil the indications in fractures at this point. It is also very comfortable to the patient. In this it differs from the ordinary Bond splint, which is not a comfortable one. This splint is light, it is hollowed out for the reception of the ball of the hand, and it allows free movement of the fingers, which is important in these fractures.

On the second day I removed the splint and reapplied it. At the expiration of the first week, I began passive motion, guarding well the point of fracture. This was repeated twice a week during the entire progress of the treatment. I think to this is due, in great measure, the excellent movement which Mr. D. enjoys at this time.

The deformity is not very marked. He can flex and extend the hand freely and has also good lateral movement and pronation and supination.

DR. CHARLES B. NANCREDE exhibited a

## FATTY TUMOR

which he had removed from beneath the aponeurosis of the occipito-frontalis muscle of a child, sixteen months old. The specimen is only interesting from the position in which it was found. It is nothing but a fatty tumor, but I question very much whether any of us have ever seen a fatty tumor in this position before. I know that there are at least two tumors that are said to have been removed from the same position, but whether they were under the aponeurosis or congenital, I cannot say. I removed this tumor, which was as large as a fist, this morning, from a child sixteen months old. It had been detected when the child was three months old, and therefore must have been congenital. It was then about the size of a bean, and rolled freely beneath the skin. When I saw it, it was just about the occipito-parietal portion of the skull. The bone was indented by it. From the fact that it

was not a meningocele, that it was not a vascular growth, that it was congenital, that the skin moved freely over it, and that the exploring-needle showed that it contained no fluid, I thought it was fair to conclude that it was a dermoid tumor. I thought of fatty tumor, because it had been so diagnosed by Dr. Bennet, but I had never heard of a fatty tumor occupying this position. The operation showed it to be beneath the aponeurosis of the occipito-frontalis muscle, where no fatty tissue exists. A careful microscopical examination shows that it is a fatty tumor. I thought that possibly it might be myxomatous, but the microscope does not show it.

In the last edition of Gross's *Surgery* it is stated that Dr. S. W. Gross removed a tumor from this position. The patient was an adult, therefore I presume that it was not congenital and was not beneath the aponeurosis.

## CORRESPONDENCE.

### DISINFECTION.

To the Editor of THE MEDICAL NEWS.

SIR: The "special article" on Cholera Disinfection, in your issue of September 1st, seems to me of sufficient importance and authority to justify me in pointing out certain errors which have crept into it. These errors are of a kind common enough in medicine, viz., statements, apparently probable by themselves, but not really based on definitely proven data. A disinfectant should not be recommended on theoretical grounds, but its application should depend on the results of actual and conclusive experiments to the point. We do not know as yet the nature of the cholera germ, however likely its existence appears. Hence, not knowing how difficult it is to destroy it, we should certainly make use only of those disinfectants which trial has shown to be the most destructive to micro-organisms. Otherwise we can but lull ourselves into a dangerous feeling of false security. This is equally true of disinfection in typhoid fever. For, while we yet lack absolute certainty as to the cause of this disease, we suspect, at least on just grounds, that the bacillus discovered by Eberth in the tissues represents the virus of typhoid fever. The bacillus is known to produce spores, and it is equally well known that in the state of spores micro-organisms offer by far the greatest resistance to antiseptic influences.

Of the disinfectants mentioned in the article, corrosive sublimate is decidedly the most reliable one according to all experiments. One part in five-thousand of fluid proves destructive at once to the most resistant spores. But, if substances are present which can unite chemically with the mercuric bichloride, and then convert it into mercuric combinations either insoluble or of less poisonous action upon bacteria, we require evidently a much larger proportion of the corrosive sublimate in the first place in order to get its disinfectant action. The alvine evacuations contain extractives, and in the case of rice-water discharges also mucus and albumen, so that a large proportion of the mercuric salt is practically wasted by entering into more or less inert combinations. How large a proportion of corrosive sublimate is required to get a disinfectant action upon the micro-organisms contained even in the healthy passages has never been determined by experiment. Perhaps the safest rule to go by for practical purposes, would be the directions given by Koch in the Report of the German Board of Health, who found that the presence of one part of *free ununited* corrosive sublimate in five-thousand parts of a solution is indicated by the amalgam formed on the surface of a polished

piece of sheet copper in less than half an hour, which test fails when the mercury is in another state of chemical combination.

Quite different is the antiseptic power of chloride of zinc, so strongly recommended in the article. Koch found it harmless to spores in any concentration, while a one per cent. solution did not affect developed micrococci within sixteen hours' exposure. Bouvet sought a reason for its extensive surgical application in Germany in the fact that it renders an albuminous soil unfit for the development of bacteria, though it does not kill the latter. Sternberg required a two per cent. solution of chloride of zinc to destroy the micrococci of pus, though a half per cent. sufficed in the case of the septicæmia-micrococci. He does not mention any experiments with more resistant bacteria or spores. Hence, if the evacuations contain no spores, the proportion of chloride of zinc mentioned in the article might perhaps be barely sufficient for disinfection were not a part of it precipitated by uniting with organic substances, but if spores are present, which we must expect until the contrary is proven, this substance can be of no value whatever. Its power of arresting bacterial development while present in the mixture is of no account, for as soon as the evacuations are diluted with the contents of the cesspools or sewers, the percentage of chloride of zinc falls far below the proportion necessary to maintain this temporary antiseptic effect. The perfect disinfection of evacuations requires the absolute destruction of the contained germs before the material is thrown into the sewerage. On this account, carbolic acid cannot be trusted implicitly without an impracticable delay in time. For, while this agent destroys almost at once all developed micro-organisms, when present to the extent of two per cent., and probably even in a concentration of half to one per cent, it does not act upon spores in a five per cent. solution unless the exposure lasts longer than twenty-four hours. As regards the metallic sulphates, especially the iron coppers, I know of no investigations justifying their employment. On the other hand, Koch found them wholly inert with reference to spores, while Sternberg could not kill even the more vulnerable micrococci by an exposure of two hours to a sixteen per cent. solution of sulphate of iron.

The accurate experiments of Koch, Sternberg, and a few others, have shown that disinfection is not so easy a task as is usually supposed, even when we can immerse the material in the disinfectant fluid. Much more difficult even is aerial disinfection. Chlorine and bromine are certainly efficacious; but only when used in irrespirable quantities and with precautions requiring expert supervision. Sulphurous acid, on the other hand, has not proven reliable in the rigid tests made by Koch. In order to exert any effect at all, it must be present in such a proportion as to render it impossible to breathe such air, and even under those conditions it did not penetrate well into the interior of thicker masses of material to be disinfected, while its effect on spores was very unsatisfactory. The employment of aerial disinfectants in an inefficient manner should certainly be discouraged, for the feeling of false security which it engenders, can but lead to the neglect of other precautions. The disinfection of the walls of rooms can be accomplished much more thoroughly by washing with antiseptic solutions, corrosive sublimate, chlorine and bromine water, or carbolic acid, when the wetting, moreover, of the dust adhering to the walls renders impossible the detachment of—living—particles by concussions or currents of air. For *wet* particles cannot be detached as readily as dry germs—if at all—from the surface to which they adhere, so as to become part of the floating matter in the air.

Lastly, allow me to supplement the "special article"



by emphasizing the necessity of thorough ventilation, not alone with reference to its salutary effect upon the patient himself, but more so on account of the dilution of the aerial germs which it produces. Common medical experience, perhaps in typhus fever more than in any other disease, has shown that the danger of contagion increases in proportion as the air, breathed by the patient, is confined within walls. Though this may not apply in the case of diseases, the virus of which is confined to the more solid excreta, like cholera or typhoid, it is still best to insist at every fit occasion upon the utility, too much underrated by the profession and the laity, of thorough ventilation in the prophylaxis of contagious diseases.

CHICAGO, September 1, 1883.

[The criticism of Dr. Gradle on our "Special Article" on disinfection, whether well founded or not, will serve to increase the interest, now too languid, on this important subject. He rightly states that only properly conducted experiments are of value; but he rashly assumes that our views were based on theoretical notions. Every agent referred to in the article in question has been the subject of numerous experiments. But Dr. Gradle appears to have no confidence in any observations not made on germs, and he seems doubtful of any experiments that do not have the stamp of Koch's laboratory. Admitting the existence of germs that are supposed to stand in a causative relation to certain diseases, must our disinfectants be limited to their destruction? Is not the fixation of organic matter, so that further changes, including the growth of minute organisms, cannot take place, a proper object of chemical disinfection? Dr. Gradle merely echoes the statements of our article when it is asserted that the most powerful aerial disinfectants are only effective, if at all, in an irrespirable quantity; but articles of a movable kind, unoccupied halls and rooms, can be saturated, so to speak, with chlorine and other gases. Dr. Gradle fears that the public will be lulled into a false security by the use of well-known and long-tried disinfectants that have not been shown to destroy spores—would he therefore discourage their employment? Until Koch follows the spores into the air, and discovers some gas which arrests their development whilst it does not harm the sick and their attendants, must we not utilize the agencies under our control? Will not the spores which resist chlorine, cease to grow when their pabulum is destroyed?—Ed.]

#### THE ARREST OF HEMORRHAGE BY MEANS OF SURGICAL NEEDLES AND SILK LIGATURE.

To the Editor of THE MEDICAL NEWS.

SIR: The article of Dr. Allis in THE MEDICAL NEWS for September 1st on a special method for the arrest of hemorrhage during operations induces me to send for publication the details of the manner in which I have been controlling hemorrhage during operations for the last fifteen years. I have never seen Dr. Allis's forceps used, but I feel confident that they cannot be any more readily applied than the needles. With me it has for the last several years been a consideration to use as few instruments as possible. The various uses to which a single instrument can be put often enables a surgeon to dispense with quite a number of special ones, and if the experience of other country surgeons is similar to my own, one is saved the frequent vexatious annoyance of having the assistants hand the wrong instrument, which is almost certain to happen when one is most in a hurry, unless the assistants are extra well posted in the names of the legion of modern surgical appliances.

Before commencing an operation, if bleeding from small vessels is anticipated, I always thread a number of straight and curved needles with five or six inches of silk ligature, and lay them aside for use. As soon as hemorrhage becomes troublesome, an appropriate needle is selected, and being seized with a pair of Nicol's needle-holding forceps, the point is passed down and under the bleeding vessel, and brought out at a point opposite the point of entrance. The silk ligature is then passed by two or three figure-of-eight turns around both ends of the needle sufficiently tight to compress the bleeding vessel, and, at the last turn, the thread is pulled tightly under the end of the needle, and allowed to hang loose. When completing the dressing of the wound, the thread is unwound and needle withdrawn; if necessary, the artery can then be ligated or twisted. Respectfully yours,

H. OTIS HYATT, M.D.

KINGSTON, N.C., September 6, 1883.

#### THE JOHNS HOPKINS UNIVERSITY.

To the Editor of THE MEDICAL NEWS:

SIR: From the number of editorial and other notes which have appeared in your valuable paper, it is evident that you take much interest in the future Johns Hopkins Medical School. But since that is not yet open, it may be interesting to look into what the other part of the University is doing for the advancement of medical education.

The faculty have recognized the fact that the collegiate education of one who intends studying medicine should be quite different from that of the future lawyer, classic scholar, divine or scientific specialist. They have therefore arranged a course of study, preliminary to medicine, which, being very practical, it would be well to glance at.

Chemistry and biology predominate. In chemistry, experimental lectures and recitations are given daily (for two years), on general chemistry (metals and non-metals), organic chemistry and chemical philosophy. Besides, two years' work in the laboratory comprises a good course in the study of the elements, in chemical analysis (qualitative and quantitative), the preparation of various compounds, etc.

The course in biology consists of lectures on general biology (with laboratory work on typical individuals of plant and animal life), lectures and recitations on human and comparative osteology; lectures and laboratory work on the embryology of the chick, during the first year; and during the second year, lectures and laboratory work on physiology, histology, and mammalian anatomy.

The importance of these courses cannot be over-rated.

Beside these there are one year courses in physics (experimental lectures, recitations, and laboratory work), in German, and in French; and elementary courses in history, English literature, and composition, and philosophy (ethics, logic, and psychology).

This plan is preëminently scientific, and it lays a good foundation in those sciences, which are at the basis of medicine. The great amount of laboratory work in different directions trains the student well in the *modus operandi*. How few are able to experiment "scientifically?"

Before closing let me add, that all who obtain the B.A. degree at the end of this course have at their matriculation, shown considerable familiarity with the classics and with mathematics.

It is very evident that this training prepares one excellently for the rational study of medicine.

Yours,

H. F.

BALTIMORE, September 6, 1883.

## NEWS ITEMS.

**YELLOW FEVER AT PENSACOLA.**—During the past week there were thirteen deaths from yellow fever at the Pensacola Navy Yard. The latest telegrams now report all the cases as convalescing, and no new cases.

The cordon around the yard has been strictly maintained, and no cases have been reported outside of the naval reservation.

**YELLOW FEVER AT HAVANA.**—There were eighteen deaths from yellow fever in Havana last week.

**CHOLERA IN EGYPT.**—The last reports from Alexandria state that numerous attacks of cholera still occur there, but that the average daily death-rate is reduced to four. The mortality in the provinces is stated also to be rapidly diminishing.

The total mortality from the beginning of the epidemic to the 15th of August is 21,524, and includes the residents of more than 200 towns and villages.

The responsibility for the unsanitary condition of Egypt is still unsettled. While Sir Edward Malet exonerates the Ministers from the charges of negligence brought against them on the ground of the utter incapacity of the Board of Health, the President of that Board and the Minister of the Interior are exchanging public congratulations on the zeal and success of their common efforts towards suppressing the cholera.

DR. SCHAFFÉY BEY, who was despatched by the Egyptian Government to report on the origin of the cholera outbreak at Damietta, and whose opinion deserves thoughtful consideration, finds no history of importation from India, but he describes the existence in and about Damietta of precisely the same conditions which obtain in connection with the genesis of cholera in the Indian delta of the Ganges. Apart from local filth, he regards these conditions, however, as exceptional in the case of the Nile delta, and he describes how the special fouling of the water with the carcasses of animals which had died of bovine typhus, and how the orgies that prevailed during an eight days' fair which immediately preceded the outbreak, tended to favor the epidemic.

The French Cholera Commission has been most favorably received by the Egyptian authorities. M. Strauss, the chief of the commission, unhesitatingly pronounces the disease to be cholera.

The Commission has notified the French Government that the epidemic in Egypt is extinct.

M. Dumas, Perpetual Secretary of the Academies des Sciences, has received a telegram from M. Pasteur, under date of August 26th, stating that he had received that morning telegrams from the Cholera Commission in Egypt announcing some curious and novel observations.

**HARVARD MEDICAL SCHOOL.**—The Medical Faculty of Harvard University will celebrate the centennial anniversary of the establishment of the school on October 17th. Dr. Oliver Wendell Holmes will deliver an oration, after which the new building recently erected for the college on Boylston Street will be dedicated.

**THE OHIO AND MIAMI MEDICAL COLLEGES.**—Lectures were begun at these colleges, in the first week of September, according to the *Cincinnati Lancet and Clinic*, and the classes were from ten to fifteen per cent. larger than were ever before present at the opening of the session, and there are good prospects for a considerable increase over the large classes of former years.

**ASSOCIATION FOR DISEASES OF THE RESPIRATORY ORGANS AND CLIMATOLOGY.**—A meeting for the purpose of organizing the national "Association for Diseases of the Respiratory Organs and Climatology" will be held in the parlors of the Academy of Medicine in New York on Tuesday, September 25th, at ten A. M.

**ADMINISTRATION OF ANÆSTHETICS IN VIENNA.**—The Vienna correspondent of the *Maryland Medical Journal* says that the administration of anæsthetics is conducted there in a way that "would make The Philadelphia MEDICAL NEWS turn purple with indignation. In some clinics pure chloroform is used, in others a mixture of chloroform three parts, ether one part, alcohol one part. The anæsthetic is poured upon a piece of flannel, which is stretched over a wire frame, which probably allows a sufficient admixture of atmospheric air, but no attention is paid to the position of the patient, the head and thorax being placed high or low according to the fancy of the operator, and it is no uncommon thing to see the administration being pushed with the patient in the upright position and vomiting. A few days ago I saw a boy suddenly become pale and pulseless, and it was only after the most vigorous artificial respiration, with galvanism, enveloping the legs with Esmarch's bandage, injections of ether, elevation of the lower limbs, forcible injection of cold water against the pericardium, and brisk flagellation that he was eventually restored to life."

**SIR SPENCER WELLS.**—It is announced that SIR SPENCER WELLS has been elected an Honorary Fellow of the Physico-Medical Society of Erlangen.

M. VERNEUIL will represent the Society of Surgery of Paris at the next International Medical Congress. M. Depres was invited to accept a commission, but he replied that he made it a rule never to attend "scientific fairs."

**THE FRENCH CHOLERA COMMISSION.**—M. JULES ARONSSOHN, Professor of Organic Chemistry at Paris, is charged with a scientific and medical mission in Egypt, where he will study cholera from an etiological point of view, while studying, at the same time, the physiological chemistry and therapeutical indications.

**A FATAL SPIDER-BITE.**—Chancellor Carroll, of South Carolina, died on August 24th, at Cæsar's Head, from erysipelas following the bite of a spider. About a week before, this eminent jurist was walking in the woods about the famous mountain peak, and his face came in contact with a spider-web, which was suspended between two trees. The spider alighted on his chin, near the under lip, the Chancellor brushed it off with his hand, but was bitten by it in the mean time. He was attended in his illness by Dr. F. A. Miles, but after a week's suffering the distinguished jurist succumbed to the results of the spider-bite.

**THE DEATH OF LOUISE LATEAU,** the stigmatica of Bois d'Haine, who attracted so much attention in medical circles a few years ago, is announced. This singular being was born on the 30th of January, 1850. She made her first communion at the age of 11 years, and began to earn her living as a seamstress at the age of 15. During the cholera visitation of 1866, she exhibited much devotion in attending to the wants of the pest-stricken. In 1867 she was attacked with a lingering malady, and received the last sacraments. She was, however, cured (miraculously, said her friends), but only for a short time. Early in 1868 she was said to

have first experienced pain in the locality of the stigmata, and she again received the last sacraments. It is alleged, nevertheless, that she foretold her recovery, and on April 21st she appeared completely restored to health.

The first outward indication of the stigmata is said to have taken place on the 24th of April, 1868, when a wound in the side was visible, which healed the next day. On the 1st of May blood was reported to have issued from the upper surfaces of her feet as well as from her side, and she then confided the matter to M. le Curé. Seven days later the stigmata of the hands added themselves to the others, and M. le Curé advised her to apply to the physician of Fayt, who attempted to cure her. In the course of 1868 several evidences of ecstasy are said to have occurred, and on September 25, 1868, the crown of thorns first appeared. After this she ceased to sleep. Her alleged complete abstinence from all nourishment began on the 30th of March, 1871, and the wound on the shoulder appeared in the following April.

The case attracted great attention at the hands of medical men, physiologists, and psychologists, and numerous pamphlets appeared on the subject. Difficulties were interposed in the way of a thorough sifting of the case, but it was pronounced a gross imposture by many who had an opportunity of investigating it.

**SALICYLIC ACID IN CANNED FRUITS AND VEGETABLES.**—It being known that salicylic acid is used in foreign countries, to a considerable extent, as a preservative agent in articles of food, and that the quantity used frequently exceeds the amount allowed by law, MR. J. D. DENNY has recently examined twelve samples of different canned fruits, all of which were put up by American firms, in order to ascertain whether, and, if so, to what extent, that preservative is used in this country. After a thorough examination, he was unable to find any trace of salicylic acid.—*Physician and Surgeon*, Aug. 1883.

**DROPPING THE TITLE OF HOMŒOPATHY.**—The homœopaths do not seem zealous to adopt the suggestion of the advocates of the New York Code, that they should drop their distinctive title. *The New England Medical Gazette* (Homœopathic) says: "If, with success perched upon our banners, we trail them in the dust, if we surrender our home and deny our faith for the sake of membership in societies with which we cannot affiliate, and for consultations which we do not want, we shall indeed be traitors to our trust, and our names will rightly be 'a hissing and a byword to all coming generations.'"

**RESECTION OF THE STOMACH.**—This operation was performed on July 25th, by DR. F. SUPerno, at the Pondidera Hospital. The operation lasted two hours and three-quarters. Twenty-four hours afterward the patient was in a good condition.

**TREATMENT OF QUININE FALSIFIERS IN FRANCE.**—HENRI CONSTANT LACOMBE has recently been tried before the Tribunal Correctionnel, in Paris, for adulterating a large quantity of quinine which he had contracted to furnish to the Assistant Publique in monthly parcels. The parcels gradually became worse, and a box received in November, 1882, was found to contain a surface layer of quinine, the remainder consisting of a fraudulent mixture, and the box received later, while still intact and sealed with the contractor's seal, was similarly filled, about four-fifths of the contents being fraudulent. The accused pleaded that it was the result of an error on the part of his assistant that the quinine was adulterated.

The Tribunal gave judgment: "That the falsification having been committed in regard to an article which the accused knew was to be used for the diseases of patients entrusted to public charity, no extenuation could be admitted. Lacombe is, therefore, condemned to imprisonment for one year and to pay fifty francs penalty. And the court orders that this judgment shall be affixed to the number of twelve copies, one of which shall be attached during twenty-four hours to the door of Lacombe's warehouse, and that it shall be inserted in full, at Lacombe's expense, in twelve newspapers, and medical and pharmaceutical journals. Lacombe to pay the costs of the action."—*Quinologist*, September, 1883.

**HEALTH IN MICHIGAN.**—Reports to the State Board of Health for the week ending Sept. 1, 1883, indicate that typho-malarial fever and dysentery have increased, and that scarlet fever and remittent fever have decreased in area of prevalence.

Including reports by regular observers and by others, diphtheria was reported present during the week ending Sept. 1, and since, at seventeen places, scarlet fever at twelve places, and measles at five places.

**OBITUARY RECORD.**—The *Gazette Hebdomadaire* announces the death of DR. E. A. HOMOLLE, at the age of sixty-nine years. His name is connected with the discovery and therapeutic employment of digitaline, and he has long been known as an original worker in experimental therapeutics.

## NOTES AND QUERIES.

### BICARBONATE OF SODA IN ACUTE TONSILLITIS.

To the Editor of THE MEDICAL NEWS.

SIR: In your issue of August 25th, I noticed a communication from Dr. Vinke, of St. Charles, Mo., on the subject of Bicarbonate of Soda in Acute Tonsillitis. I have used this remedy myself during the past year, and desire to add my testimony as to its efficacy. In all cases of acute inflammation of the tonsils I have found relief to be prompt and lasting from a few applications of the soda. On first seeing the patient I apply the remedy myself, being careful to cover the entire surface of the inflamed glands with the medicine, which I do by any convenient method that I may have at hand. This is done in the presence of some member of the family, who is directed to make the application in like manner three times a day till recovery takes place. A second visit is rarely necessary, nor are more than three applications usually required.

This remedy is simple; always at hand, and requires very little skill in its application, yet in a large majority of cases will be found exceedingly effective.

Respectfully yours,

JAMES ORR, M.D.

TERRELL, TEXAS, September 3, 1883.

### OFFICIAL LIST OF CHANGES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM SEPTEMBER 3 TO SEPTEMBER 10, 1883.

SHUFELDT, ROBERT W., *Captain and Assistant Surgeon.*—Granted leave of absence for three months on surgeon's certificate of disability, with permission to leave the Department of the South.—*Par. 3, S. O. 204, A. G. O., September 5, 1883.*

THE MEDICAL NEWS will be pleased to receive early intelligence of local events of general medical interest, or of matters which it is desirable to bring to the notice of the profession.

Local papers containing reports or news items should be marked. Letters, whether written for publication or private information, must be authenticated by the names and addresses of their writers—of course not necessarily for publication.

All communications relating to the editorial department of the NEWS should be addressed to No. 1004 Walnut Street, Philadelphia.